

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF MINNESOTA THIRD DIVISION

Case number (if known)

Chapter you are filing under:

☒ Chapter 7

☐ Chapter 11

☐ Chapter 12

☐ Chapter 13

☐ Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint* case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

About Debtor 1:

About Debtor 2 (Spouse Only in a Joint Case):

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

KEITH

First name

V

Middle name

Bring your picture identification to your meeting with the trustee.

ISHERWOOD

Last name and Suffix (Sr., Jr., II, III)

BARBARA

First name

S

Middle name

ISHERWOOD

Last name and Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names.

FKA BARBARA S MONAGHAN  
SUSIE ISHERWOOD  
FKA SUSIE MONAGHAN

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx-xx-0180

xxx-xx-9193

Debtor 1 KEITH V ISHERWOOD  
Debtor 2 BARBARA S ISHERWOOD

Case number (if known)

**About Debtor 1:**

**About Debtor 2 (Spouse Only in a Joint Case):**

**4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years**

☒ I have not used any business name or EINs.

☒ I have not used any business name or EINs.

Include trade names and  
doing business as names

Business name(s)

Business name(s)

EINs

EINs

**5. Where you live**

721 E COURT ST  
BELLE PLAINE, MN 56011

Number, Street, City, State & ZIP Code

SCOTT  
County

**If your mailing address is different from the one above, fill it in here.** Note that the court will send any notices to you at this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

**If Debtor 2 lives at a different address:**

Number, Street, City, State & ZIP Code

County

**If Debtor 2's mailing address is different from yours, fill it in here.** Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

**6. Why you are choosing this district to file for bankruptcy**

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason.  
Explain. (See 28 U.S.C. § 1408.)

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason.  
Explain. (See 28 U.S.C. § 1408.)

Debtor 1 KEITH V ISHERWOOD  
Debtor 2 BARBARA S ISHERWOOD

Case number (if known)

**Part 2: Tell the Court About Your Bankruptcy Case**

7. **The chapter of the Bankruptcy Code you are choosing to file under** *Check one.* (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)*). Also, go to the top of page 1 and check the appropriate box.
- ☒ Chapter 7  
☐ Chapter 11  
☐ Chapter 12  
☐ Chapter 13
- 
8. **How you will pay the fee** ☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- ☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
- ☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.
- 
9. **Have you filed for bankruptcy within the last 8 years?** ☒ No.  
☐ Yes.
- |          |       |      |       |             |       |
|----------|-------|------|-------|-------------|-------|
| District | _____ | When | _____ | Case number | _____ |
| District | _____ | When | _____ | Case number | _____ |
| District | _____ | When | _____ | Case number | _____ |
- 
10. **Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?** ☒ No.  
☐ Yes.
- |                       |       |                     |       |
|-----------------------|-------|---------------------|-------|
| Debtor                | _____ | Relationship to you | _____ |
| District              | _____ | When                | _____ |
| Case number, if known | _____ |                     |       |
| Debtor                | _____ | Relationship to you | _____ |
| District              | _____ | When                | _____ |
| Case number, if known | _____ |                     |       |
- 
11. **Do you rent your residence?** ☐ No. Go to line 12.  
☒ Yes. Has your landlord obtained an eviction judgment against you?
- ☒ No. Go to line 12.  
☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

Debtor 1 KEITH V ISHERWOOD  
Debtor 2 BARBARA S ISHERWOOD

Case number (if known)

**Part 3: Report About Any Businesses You Own as a Sole Proprietor**

**12. Are you a sole proprietor of any full- or part-time business?**

☒ No. Go to Part 4.

☐ Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number, Street, City, State & ZIP Code

Check the appropriate box to describe your business:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))  
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))  
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))  
☐ None of the above

**13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?**

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

☒ No. I am not filing under Chapter 11.

☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

☐ Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention**

**14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

☒ No.  
☐ Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

Where is the property?

Number, Street, City, State & Zip Code

Debtor 1 KEITH V ISHERWOOD  
Debtor 2 BARBARA S ISHERWOOD

Case number (if known)

**Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**

**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:**

*You must check one:*

☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.**  
I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.**  
My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.**  
I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

**About Debtor 2 (Spouse Only in a Joint Case):**

*You must check one:*

☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.**  
I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.**  
My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.**  
I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 KEITH V ISHERWOOD  
Debtor 2 BARBARA S ISHERWOOD

Case number (if known)

**Part 6: Answer These Questions for Reporting Purposes**

|  |      |   |
|--|------|---|
| <b>16. What kind of debts do you have?</b> | 16a. | <b>Are your debts primarily consumer debts?</b> <i>Consumer debts</i> are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."<br><input type="checkbox"/> No. Go to line 16b.<br><input checked="" type="checkbox"/> Yes. Go to line 17. |
|  | 16b. | <b>Are your debts primarily business debts?</b> <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.<br><input type="checkbox"/> No. Go to line 16c.<br><input type="checkbox"/> Yes. Go to line 17.    |
|  | 16c. | State the type of debts you owe that are not consumer debts or business debts<br><br>   |

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|  |  |   |
|--|--|---|
| <b>17. Are you filing under Chapter 7?</b>   | <input type="checkbox"/> No.             | I am not filing under Chapter 7. Go to line 18.   |
| <b>Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?</b> | <input checked="" type="checkbox"/> Yes. | I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?<br><input type="checkbox"/> No<br><input checked="" type="checkbox"/> Yes |

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|   |  |  |   |
|---|--|--|---|
| <b>18. How many Creditors do you estimate that you owe?</b> | <input type="checkbox"/> 1-49<br><input type="checkbox"/> 50-99<br><input checked="" type="checkbox"/> 100-199<br><input type="checkbox"/> 200-999 | <input type="checkbox"/> 1,000-5,000<br><input type="checkbox"/> 5001-10,000<br><input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> 25,001-50,000<br><input type="checkbox"/> 50,001-100,000<br><input type="checkbox"/> More than 100,000 |
|---|--|--|---|

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|  |   |  |  |
|--|---|--|--|
| <b>19. How much do you estimate your assets to be worth?</b> | <input checked="" type="checkbox"/> \$0 - \$50,000<br><input type="checkbox"/> \$50,001 - \$100,000<br><input type="checkbox"/> \$100,001 - \$500,000<br><input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$1,000,001 - \$10 million<br><input type="checkbox"/> \$10,000,001 - \$50 million<br><input type="checkbox"/> \$50,000,001 - \$100 million<br><input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> \$500,000,001 - \$1 billion<br><input type="checkbox"/> \$1,000,000,001 - \$10 billion<br><input type="checkbox"/> \$10,000,000,001 - \$50 billion<br><input type="checkbox"/> More than \$50 billion |
|--|---|--|--|

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|   |   |  |  |
|---|---|--|--|
| <b>20. How much do you estimate your liabilities to be?</b> | <input type="checkbox"/> \$0 - \$50,000<br><input type="checkbox"/> \$50,001 - \$100,000<br><input checked="" type="checkbox"/> \$100,001 - \$500,000<br><input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$1,000,001 - \$10 million<br><input type="checkbox"/> \$10,000,001 - \$50 million<br><input type="checkbox"/> \$50,000,001 - \$100 million<br><input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> \$500,000,001 - \$1 billion<br><input type="checkbox"/> \$1,000,000,001 - \$10 billion<br><input type="checkbox"/> \$10,000,000,001 - \$50 billion<br><input type="checkbox"/> More than \$50 billion |
|---|---|--|--|

**Part 7: Sign Below**

|                |  |  |
|----------------|--|--|
| <b>For you</b> | I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.<br><br>If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.<br><br>If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).<br><br>I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.<br><br>I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.<br>/s/ KEITH V ISHERWOOD<br>KEITH V ISHERWOOD<br>Signature of Debtor 1<br><br>Executed on <u>January 24, 2019</u><br>MM / DD / YYYY | /s/ BARBARA S ISHERWOOD<br>BARBARA S ISHERWOOD<br>Signature of Debtor 2<br><br>Executed on <u>January 24, 2019</u><br>MM / DD / YYYY |
|----------------|--|--|

Debtor 1 KEITH V ISHERWOOD  
Debtor 2 BARBARA S ISHERWOOD

Case number (if known)

**For your attorney, if you are represented by one**

**If you are not represented by an attorney, you do not need to file this page.**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

I personally conferred with and advised the debtors /e/Brittney J Kohler #0398882

/s/ Robert J. Hoglund

Signature of Attorney for Debtor

Date

January 24, 2019

MM / DD / YYYY

Robert J. Hoglund 210997

Printed name

Hoglund, Chwialkowski & Mrozik P.L.L.C

Firm name

1781 West County Road B

PO Box 130938

Roseville, MN 55113-4052

Number, Street, City, State & ZIP Code

Contact phone (651) 628-9929

Email address

bestcase@hoglundlaw.com

210997 MN

Bar number & State

## Fill in this information to identify your case:

|   |                                      |             |           |
|---|--------------------------------------|-------------|-----------|
| Debtor 1                                | KEITH V ISHERWOOD                    |             |           |
|   | First Name                           | Middle Name | Last Name |
| Debtor 2<br>(Spouse if, filing)         | BARBARA S ISHERWOOD                  |             |           |
|   | First Name                           | Middle Name | Last Name |
| United States Bankruptcy Court for the: | DISTRICT OF MINNESOTA THIRD DIVISION |             |           |
| Case number<br>(if known)               |                                      |             |           |

☐ Check if this is an amended filing

## Official Form 106Sum

## Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new **Summary** and check the box at the top of this page.

## Part 1: Summarize Your Assets

|   |    | Your assets<br>Value of what you own |
|---|----|--------------------------------------|
| 1. <b>Schedule A/B: Property</b> (Official Form 106A/B)           |    |                                      |
| 1a. Copy line 55, Total real estate, from Schedule A/B.....       | \$ | 0.00                                 |
| 1b. Copy line 62, Total personal property, from Schedule A/B..... | \$ | 17,177.00                            |
| 1c. Copy line 63, Total of all property on Schedule A/B.....      | \$ | 17,177.00                            |

## Part 2: Summarize Your Liabilities

|   |    | Your liabilities<br>Amount you owe |
|---|----|------------------------------------|
| 2. <b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 106D)  |    |                                    |
| 2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ... | \$ | 18,226.00                          |
| 3. <b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 106E/F)  |    |                                    |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....                           | \$ | 0.00                               |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> .....                        | \$ | 163,134.00                         |
| <b>Your total liabilities</b>   |    | <b>\$ 181,360.00</b>               |

## Part 3: Summarize Your Income and Expenses

|   |    |          |
|---|----|----------|
| 4. <b>Schedule I: Your Income</b> (Official Form 106I)                    |    |          |
| Copy your combined monthly income from line 12 of <i>Schedule I</i> ..... | \$ | 2,642.00 |
| 5. <b>Schedule J: Your Expenses</b> (Official Form 106J)                  |    |          |
| Copy your monthly expenses from line 22c of <i>Schedule J</i> .....       | \$ | 3,234.00 |

## Part 4: Answer These Questions for Administrative and Statistical Records

## 6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

☒ Yes

## 7. What kind of debt do you have?

☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. *Check this box* and submit this form to the court with your other schedules.



Debtor 1 KEITH V ISHERWOOD  
Debtor 2 BARBARA S ISHERWOOD

Case number (if known)

8. **From the *Statement of Your Current Monthly Income*:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ 3,215.86

9. **Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*:**

|  | Total claim  |
|--|--------------|
| <b>From Part 4 on <i>Schedule E/F</i>, copy the following:</b>   |              |
| 9a. Domestic support obligations (Copy line 6a.)   | \$ 0.00      |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$ 0.00      |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$ 0.00      |
| 9d. Student loans. (Copy line 6f.)   | \$ 38,592.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ 0.00      |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$ 0.00     |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$ 38,592.00 |

**Fill in this information to identify your case and this filing:**

|  |                     |             |           |
|--|---------------------|-------------|-----------|
| Debtor 1   | KEITH V ISHERWOOD   |             |           |
|  | First Name          | Middle Name | Last Name |
| Debtor 2<br>(Spouse, if filing)  | BARBARA S ISHERWOOD |             |           |
|  | First Name          | Middle Name | Last Name |
| United States Bankruptcy Court for the: DISTRICT OF MINNESOTA THIRD DIVISION |                     |             |           |
| Case number _____  |                     |             |           |

☐ Check if this is an amended filing

Official Form 106A/B

**Schedule A/B: Property**

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In**

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☒ No. Go to Part 2.  
☐ Yes. Where is the property?

**Part 2: Describe Your Vehicles**

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☐ No  
☒ Yes

|     |                                     |        |
|-----|-------------------------------------|--------|
| 3.1 | Make:                               | Ford   |
|     | Model:                              | Edge   |
|     | Year:                               | 2010   |
|     | Approximate mileage:                | 50,000 |
|     | Other information:                  |        |
|     | FMV: Edmund's Private Party - Clean |        |

Who has an interest in the property? Check one

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

|                                       |                                       |
|---------------------------------------|---------------------------------------|
| Current value of the entire property? | Current value of the portion you own? |
| \$8,314.00                            | \$8,314.00                            |

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- ☒ No  
☐ Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

\$8,314.00

**Part 3: Describe Your Personal and Household Items**

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own? Do not deduct secured claims or exemptions.

Debtor 1 KEITH V ISHERWOOD  
Debtor 2 BARBARA S ISHERWOOD

Case number (if known) \_\_\_\_\_

**6. Household goods and furnishings**

*Examples:* Major appliances, furniture, linens, china, kitchenware

☐ No

☒ Yes. Describe.....

Jointly owned:  
General Household - \$20.00  
Dining Room/Display - \$5.00  
Dressers/Beds - \$50.00  
Sofas/Chairs End Tables - \$300.00  
Books - \$15.00

\$390.00

**7. Electronics**

*Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☐ No

☒ Yes. Describe.....

Jointly owned:  
Television (2)- \$400.00  
Computer (2) -\$550.00

\$950.00

Jointly owned:  
Cell Phone (2) - \$500.00  
Camera - \$100.00  
Tablet - \$150.00

\$750.00

**8. Collectibles of value**

*Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

☒ No

☐ Yes. Describe.....

**9. Equipment for sports and hobbies**

*Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☒ No

☐ Yes. Describe.....

**10. Firearms**

*Examples:* Pistols, rifles, shotguns, ammunition, and related equipment

☒ No

☐ Yes. Describe.....

**11. Clothes**

*Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No

☒ Yes. Describe.....

Jointly owned:  
Wearing Apparel

\$200.00

**12. Jewelry**

*Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☐ No

☒ Yes. Describe.....

Debtor 1 KEITH V ISHERWOOD  
Debtor 2 BARBARA S ISHERWOOD

Case number (if known)

Debtor husband:  
Wedding Ring -\$50.00  
Watch (2) - \$75.00

\$125.00

Debtor wife:  
Wedding Ring - \$25.00  
Engagement Ring - \$25.00  
Watch - \$100.00

\$150.00

13. **Non-farm animals**

Examples: Dogs, cats, birds, horses

☐ No

☒ Yes. Describe.....

Jointly Owned: Dog - No Cash Value.

\$0.00

14. **Any other personal and household items you did not already list, including any health aids you did not list**

☒ No

☐ Yes. Give specific information.....

15. **Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here .....**

\$2,565.00

**Part 4: Describe Your Financial Assets**

**Do you own or have any legal or equitable interest in any of the following?**

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

16. **Cash**

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☐ No

☒ Yes.....

Jointly owned:  
Cash

\$0.00

17. **Deposits of money**

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No

☒ Yes.....

Institution name:

17.1. Checking Account Debtor Wife: Wells Fargo

\$7.00

18. **Bonds, mutual funds, or publicly traded stocks**

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

☒ No

☐ Yes.....

Institution or issuer name:

19. **Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**

☒ No

☐ Yes. Give specific information about them.....

Name of entity:

% of ownership:

Debtor 1 KEITH V ISHERWOOD  
Debtor 2 BARBARA S ISHERWOOD

Case number (if known)

**20. Government and corporate bonds and other negotiable and non-negotiable instruments**

*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.  
*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

- ☒ No  
☐ Yes. Give specific information about them  
Issuer name:

**21. Retirement or pension accounts**

*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

- ☐ No  
☒ Yes. List each account separately.  
Type of account: Institution name:

401(k)

Debtor Husband: 401(k) through Employer -  
\$157.05 as of 12/04/2018 - Not Property of the  
Estate

\$158.00

**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company  
*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

- ☒ No  
☐ Yes. .... Institution name or individual:

**23. Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years)

- ☒ No  
☐ Yes..... Issuer name and description.

**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

- ☒ No  
☐ Yes..... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

- ☒ No  
☐ Yes. Give specific information about them...

**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property**

*Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements

- ☒ No  
☐ Yes. Give specific information about them...

**27. Licenses, franchises, and other general intangibles**

*Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

- ☒ No  
☐ Yes. Give specific information about them...

**Money or property owed to you?**

**Current value of the  
portion you own?**  
Do not deduct secured  
claims or exemptions.

**28. Tax refunds owed to you**

- ☐ No  
☒ Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

Debtor Husband:  
Anticipated 2018 Tax Refunds -  
\$4,400.00 (100% as of the date of filing)  
(estimate)

Federal and State

\$4,400.00

Debtor 1 KEITH V ISHERWOOD  
Debtor 2 BARBARA S ISHERWOOD

Case number (if known)

Debtor Husband:

Anticipated 2019 Tax Refunds -  
\$4,400.00 (9% as of the date of filing)  
(estimate)

Federal and State

\$396.00

**29. Family support**

*Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

☒ No

☐ Yes. Give specific information.....

**30. Other amounts someone owes you**

*Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

☐ No

☒ Yes. Give specific information..

Debtor husband:

Earned but unpaid wages (estimate)

\$1,337.00

**31. Interests in insurance policies**

*Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

☒ No

☐ Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund  
value:

**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No

☐ Yes. Give specific information..

**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

*Examples:* Accidents, employment disputes, insurance claims, or rights to sue

☒ No

☐ Yes. Describe each claim.....

**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**

☒ No

☐ Yes. Describe each claim.....

**35. Any financial assets you did not already list**

☒ No

☐ Yes. Give specific information..

**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....**

\$6,298.00

**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**

**37. Do you own or have any legal or equitable interest in any business-related property?**

☒ No. Go to Part 6.

☐ Yes. Go to line 38.

Debtor 1 KEITH V ISHERWOOD  
Debtor 2 BARBARA S ISHERWOOD

Case number (if known)

**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**  
If you own or have an interest in farmland, list it in Part 1.

**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**

- ☒ No. Go to Part 7.  
☐ Yes. Go to line 47.

**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above**

**53. Do you have other property of any kind you did not already list?**

*Examples: Season tickets, country club membership*

- ☒ No  
☐ Yes. Give specific information.....

**54. Add the dollar value of all of your entries from Part 7. Write that number here .....**

\$0.00

**Part 8: List the Totals of Each Part of this Form**

|   |                    |   |
|---|--------------------|---|
| <b>55. Part 1: Total real estate, line 2 .....</b>                      |                    | <u>\$0.00</u>                                   |
| <b>56. Part 2: Total vehicles, line 5</b>                               | <u>\$8,314.00</u>  |   |
| <b>57. Part 3: Total personal and household items, line 15</b>          | <u>\$2,565.00</u>  |   |
| <b>58. Part 4: Total financial assets, line 36</b>                      | <u>\$6,298.00</u>  |   |
| <b>59. Part 5: Total business-related property, line 45</b>             | <u>\$0.00</u>      |   |
| <b>60. Part 6: Total farm- and fishing-related property, line 52</b>    | <u>\$0.00</u>      |   |
| <b>61. Part 7: Total other property not listed, line 54</b>             | <u>\$0.00</u>      |   |
|   | <b>+</b>           |   |
| <b>62. Total personal property. Add lines 56 through 61...</b>          | <u>\$17,177.00</u> | Copy personal property total <u>\$17,177.00</u> |
| <b>63. Total of all property on Schedule A/B. Add line 55 + line 62</b> |                    | <u>\$17,177.00</u>                              |

**Fill in this information to identify your case:**

|   |                                      |             |           |
|---|--------------------------------------|-------------|-----------|
| Debtor 1                                | KEITH V ISHERWOOD                    |             |           |
|   | First Name                           | Middle Name | Last Name |
| Debtor 2<br>(Spouse if, filing)         | BARBARA S ISHERWOOD                  |             |           |
|   | First Name                           | Middle Name | Last Name |
| United States Bankruptcy Court for the: | DISTRICT OF MINNESOTA THIRD DIVISION |             |           |
| Case number<br>(if known)               |                                      |             |           |

☐ Check if this is an amended filing
**Official Form 106C****Schedule C: The Property You Claim as Exempt****4/16**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

**For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.**

**Part 1: Identify the Property You Claim as Exempt**

1. **Which set of exemptions are you claiming?** Check one only, even if your spouse is filing with you.

☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)

☒ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. **For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.**

| Brief description of the property and line on <i>Schedule A/B</i> that lists this property   | Current value of the portion you own<br><small>Copy the value from <i>Schedule A/B</i></small> | Amount of the exemption you claim<br><small>Check only one box for each exemption.</small>   | Specific laws that allow exemption |
|--|--|--|------------------------------------|
| 2010 Ford Edge 50,000 miles<br>FMV: Edmund's Private Party - Clean<br>Line from <i>Schedule A/B</i> : 3.1  | \$8,314.00   | <input checked="" type="checkbox"/> \$0.00<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit   | 11 U.S.C. § 522(d)(2)              |
| Jointly owned:<br>General Household - \$20.00<br>Dining Room/Display - \$5.00<br>Dressers/Beds - \$50.00<br>Sofas/Chairs End Tables - \$300.00<br>Books - \$15.00<br>Line from <i>Schedule A/B</i> : 6.1 | \$390.00   | <input checked="" type="checkbox"/> \$390.00<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(3)              |
| Jointly owned:<br>Television (2)- \$400.00<br>Computer (2) -\$550.00<br>Line from <i>Schedule A/B</i> : 7.1  | \$950.00   | <input checked="" type="checkbox"/> \$950.00<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(3)              |
| Jointly owned:<br>Cell Phone (2) - \$500.00<br>Camera - \$100.00<br>Tablet - \$150.00<br>Line from <i>Schedule A/B</i> : 7.2   | \$750.00   | <input checked="" type="checkbox"/> \$750.00<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(5)              |



Debtor 1 KEITH V ISHERWOOD  
Debtor 2 BARBARA S ISHERWOOD

Case number (if known)

| Brief description of the property and line on Schedule A/B that lists this property   | Current value of the portion you own<br><small>Copy the value from Schedule A/B</small> | Amount of the exemption you claim<br><small>Check only one box for each exemption.</small>   | Specific laws that allow exemption |
|---|---|--|------------------------------------|
| Jointly owned:<br>Wearing Apparel<br>Line from Schedule A/B: 11.1   | \$200.00  | <input checked="" type="checkbox"/> \$200.00<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit   | 11 U.S.C. § 522(d)(3)              |
| Debtor husband:<br>Wedding Ring - \$50.00<br>Watch (2) - \$75.00<br>Line from Schedule A/B: 12.1  | \$125.00  | <input checked="" type="checkbox"/> \$125.00<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit   | 11 U.S.C. § 522(d)(4)              |
| Debtor wife:<br>Wedding Ring - \$25.00<br>Engagement Ring - \$25.00<br>Watch - \$100.00<br>Line from Schedule A/B: 12.2                                 | \$150.00  | <input checked="" type="checkbox"/> \$150.00<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit   | 11 U.S.C. § 522(d)(4)              |
| Jointly Owned: Dog - No Cash Value.<br>Line from Schedule A/B: 13.1   | \$0.00  | <input checked="" type="checkbox"/> \$0.00<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit     | 11 U.S.C. § 522(d)(3)              |
| Jointly owned:<br>Cash<br>Line from Schedule A/B: 16.1  | \$0.00  | <input checked="" type="checkbox"/> \$0.00<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit     | 11 U.S.C. § 522(d)(5)              |
| 401(k): Debtor Husband: 401(k) through Employer - \$157.05 as of 12/04/2018 - Not Property of the Estate<br>Line from Schedule A/B: 21.1                | \$158.00  | <input checked="" type="checkbox"/> \$158.00<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit   | 11 U.S.C. § 522(d)(12)             |
| Federal and State: Debtor Husband: Anticipated 2018 Tax Refunds - \$4,400.00 (100% as of the date of filing) (estimate)<br>Line from Schedule A/B: 28.1 | \$4,400.00  | <input checked="" type="checkbox"/> \$4,400.00<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(5)              |
| Federal and State: Debtor Husband: Anticipated 2019 Tax Refunds - \$4,400.00 (9% as of the date of filing) (estimate)<br>Line from Schedule A/B: 28.2   | \$396.00  | <input checked="" type="checkbox"/> \$396.00<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit   | 11 U.S.C. § 522(d)(5)              |
| Debtor husband:<br>Earned but unpaid wages (estimate)<br>Line from Schedule A/B: 30.1   | \$1,337.00  | <input checked="" type="checkbox"/> \$1,337.00<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(5)              |

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

☒ No

☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

☐ No

☐ Yes

**Fill in this information to identify your case:**

|   |                                      |             |           |
|---|--------------------------------------|-------------|-----------|
| Debtor 1                                | KEITH V ISHERWOOD                    |             |           |
|   | First Name                           | Middle Name | Last Name |
| Debtor 2<br>(Spouse if, filing)         | BARBARA S ISHERWOOD                  |             |           |
|   | First Name                           | Middle Name | Last Name |
| United States Bankruptcy Court for the: | DISTRICT OF MINNESOTA THIRD DIVISION |             |           |
| Case number<br>(if known)               |                                      |             |           |

☐ Check if this is an amended filing
**Official Form 106D****Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

**1. Do any creditors have claims secured by your property?**

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

**Part 1: List All Secured Claims**

**2. List all secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

|   | Column A<br>Amount of claim<br>Do not deduct the value of collateral.   | Column B<br>Value of collateral that supports this claim | Column C<br>Unsecured portion<br>If any |
|---|---|--|---|
| 2.1 CREDIT ACCEPTANCE<br>Creditor's Name<br><br>25505 WEST 12 MILE RD<br>SUITE 3000<br>SOUTHFIELD, MI 48034<br>Number, Street, City, State & Zip Code   | Describe the property that secures the claim:<br>2010 Ford Edge 50,000 miles<br>FMV: Edmund's Private Party - Clean<br><br>As of the date you file, the claim is: Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Nature of lien. Check all that apply.<br><input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)<br><input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)<br><input type="checkbox"/> Judgment lien from a lawsuit<br><input checked="" type="checkbox"/> Other (including a right to offset) SECURITY AGREEMENT ON | \$18,226.00  | \$8,314.00                              |
| Who owes the debt? Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim relates to a community debt |   |  | \$9,912.00                              |
| Date debt was incurred 2017   | Last 4 digits of account number 7923  |  |   |

Add the dollar value of your entries in Column A on this page. Write that number here:

\$18,226.00

If this is the last page of your form, add the dollar value totals from all pages.  
Write that number here:

\$18,226.00

**Part 2: List Others to Be Notified for a Debt That You Already Listed**

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

**Fill in this information to identify your case:**

Debtor 1 KEITH V ISHERWOOD  
First Name Middle Name Last Name

Debtor 2 BARBARA S ISHERWOOD  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: DISTRICT OF MINNESOTA THIRD DIVISION

Case number \_\_\_\_\_  
(if known)

☐ Check if this is an amended filing

**Official Form 106E/F**

**Schedule E/F: Creditors Who Have Unsecured Claims**

**12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

**Part 1: List All of Your PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims against you?

☒ No. Go to Part 2.

☐ Yes.

**Part 2: List All of Your NONPRIORITY Unsecured Claims**

3. Do any creditors have nonpriority unsecured claims against you?

☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.

☒ Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

|     |  |   | Total claim |
|-----|--|---|-------------|
| 4.1 | <b>ACCOUNT RESOLUTION SERVICES</b><br>Nonpriority Creditor's Name<br>ATTN: BANKRUPTCY<br>PO BOX 459079<br>SUNRISE, FL 33345<br>Number Street City State Zip Code<br>Who incurred the debt? Check one.<br><input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br>Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | Last 4 digits of account number <u>8244</u><br>When was the debt incurred? <u>2013</u><br>As of the date you file, the claim is: Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Type of NONPRIORITY unsecured claim:<br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>MEDICAL</u> | \$1,201.00  |

Debtor 1 KEITH V ISHERWOOD  
Debtor 2 BARBARA S ISHERWOOD

Case number (if known)

|     |  |   |            |
|-----|--|---|------------|
| 4.2 | <b>ACCOUNT RESOLUTION SERVICES</b><br>Nonpriority Creditor's Name<br>ATTN: BANKRUPTCY<br>PO BOX 459079<br>SUNRISE, FL 33345<br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> 8241<br><b>When was the debt incurred?</b> 2013<br><br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>MEDICAL</u> | \$1,201.00 |
|-----|--|---|------------|

|     |  |   |            |
|-----|--|---|------------|
| 4.3 | <b>ACCOUNT RESOLUTION SERVICES</b><br>Nonpriority Creditor's Name<br>ATTN: BANKRUPTCY<br>PO BOX 459079<br>SUNRISE, FL 33345<br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> 4761<br><b>When was the debt incurred?</b> 2013<br><br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>MEDICAL</u> | \$1,201.00 |
|-----|--|---|------------|

|     |   |   |          |
|-----|---|---|----------|
| 4.4 | <b>ARIS RADIOLOGY</b><br>Nonpriority Creditor's Name<br>ATTN: BANKRUPTCY<br>5655 HUDSON DR<br>HUDSON, OH 44236<br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> 7054<br><b>When was the debt incurred?</b> 2018<br><br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>MEDICAL</u> | \$720.00 |
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Debtor 1 KEITH V ISHERWOOD  
Debtor 2 BARBARA S ISHERWOOD

Case number (if known)

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| 4.5 | <b>ARIS RADIOLOGY</b><br>Nonpriority Creditor's Name<br>ATTN: BANKRUPTCY<br>5655 HUDSON DR<br>STE 210<br>HUDSON, OH 44236<br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> 7032<br><b>When was the debt incurred?</b> 2018<br><br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>MEDICAL</u> | \$436.00 |
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| 4.6 | <b>BCA FINANCIAL SERVICES</b><br>Nonpriority Creditor's Name<br>18001 OLD CUTLER ROAD<br>SUITE 462<br>MIAMI, FL 33157<br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> 4014<br><b>When was the debt incurred?</b> 2012<br><br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>MEDICAL</u> | \$1,679.00 |
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| 4.7 | <b>COLLIER EMER GROUP LLC</b><br>Nonpriority Creditor's Name<br>ATTN: BANKRUPTCY<br>8300 COLLIER BLVD<br>NAPLES, FL 34114<br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> 76N1<br><b>When was the debt incurred?</b> 2018<br><br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>MEDICAL</u> | \$1,746.00 |
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Debtor 1 KEITH V ISHERWOOD  
Debtor 2 BARBARA S ISHERWOOD

Case number (if known)

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| 4.8 | <b>CREDIT MANAGEMENT CONTROL</b><br>Nonpriority Creditor's Name<br>ATTN: BANKRUPTCY<br>PO BOX 1654<br>GREEN BAY, WI 54305<br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> 2196<br><b>When was the debt incurred?</b> Opened 10/04/18<br><br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>MEDICAL</u> | \$1,231.00 |
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| 4.9 | <b>CRUNCH FITNESS NAPLES FL</b><br>Nonpriority Creditor's Name<br>6013 PINE RIDGE RD<br>NAPLES, FL 34119<br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> 6029<br><b>When was the debt incurred?</b> 2016<br><br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>SERVICES</u> | \$119.00 |
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| 4.10 | <b>DEBT RECOVERY SOLUTION</b><br>Nonpriority Creditor's Name<br>ATTN: BANKRUPTCY<br>PO BOX 9003<br>SYOSSET, NY 11791<br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> 7495<br><b>When was the debt incurred?</b> Opened 9/14/18<br><br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>MEDICAL</u> | \$1,402.00 |
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Debtor 1 KEITH V ISHERWOOD  
Debtor 2 BARBARA S ISHERWOOD

Case number (if known)

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| 4.1<br>1 | <b>DEBT RECOVERY SOLUTION</b><br>Nonpriority Creditor's Name<br>ATTN: BANKRUPTCY<br>PO BOX 9003<br>SYOSSET, NY 11791<br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> 4960 <span style="float: right;">\$1,116.00</span><br><b>When was the debt incurred?</b> Opened 9/10/18<br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>MEDICAL</u> |
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| 4.1<br>2 | <b>DEBT RECOVERY SOLUTION</b><br>Nonpriority Creditor's Name<br>ATTN: BANKRUPTCY<br>PO BOX 9003<br>SYOSSET, NY 11791<br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> 8371 <span style="float: right;">\$968.00</span><br><b>When was the debt incurred?</b> Opened 10/10/18<br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>MEDICAL</u> |
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| 4.1<br>3 | <b>DEBT RECOVERY SOLUTION</b><br>Nonpriority Creditor's Name<br>ATTN: BANKRUPTCY<br>PO BOX 9003<br>SYOSSET, NY 11791<br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> 8713 <span style="float: right;">\$788.00</span><br><b>When was the debt incurred?</b> Opened 10/05/18<br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>MEDICAL</u> |
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Debtor 1 KEITH V ISHERWOOD  
Debtor 2 BARBARA S ISHERWOOD

Case number (if known)

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| 4.1<br>4            | <b>DEPT OF ED / 582 / NELNET</b><br>Nonpriority Creditor's Name<br>ATTN: CLAIMS<br>PO BOX 82505<br>LINCOLN, NE 68501<br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> 5199 <span style="float: right;">\$4,845.00</span><br><b>When was the debt incurred?</b> 2009<br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input checked="" type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input type="checkbox"/> Other. Specify _____ |
| <b>STUDENT LOAN</b> |   |  |

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| 4.1<br>5            | <b>DEPT OF ED / 582 / NELNET</b><br>Nonpriority Creditor's Name<br>ATTN: CLAIMS<br>PO BOX 82505<br>LINCOLN, NE 68501<br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> 5799 <span style="float: right;">\$4,294.00</span><br><b>When was the debt incurred?</b> 2012<br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input checked="" type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input type="checkbox"/> Other. Specify _____ |
| <b>STUDENT LOAN</b> |   |  |

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| 4.1<br>6            | <b>DEPT OF ED / 582 / NELNET</b><br>Nonpriority Creditor's Name<br>ATTN: CLAIMS<br>PO BOX 82505<br>LINCOLN, NE 68501<br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> 4999 <span style="float: right;">\$3,507.00</span><br><b>When was the debt incurred?</b> 2009<br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input checked="" type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input type="checkbox"/> Other. Specify _____ |
| <b>STUDENT LOAN</b> |   |  |



Debtor 1 KEITH V ISHERWOOD  
Debtor 2 BARBARA S ISHERWOOD

Case number (if known)

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| 4.1<br>7     | DEPT OF ED / 582 / NELNET<br>Nonpriority Creditor's Name<br>ATTN: CLAIMS<br>PO BOX 82505<br>LINCOLN, NE 68501<br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> 5099<br><b>When was the debt incurred?</b> 2010<br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input checked="" type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input type="checkbox"/> Other. Specify _____ | \$2,162.00 |
| STUDENT LOAN |  |  |            |

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| 4.1<br>8     | DEPT OF ED / 582 / NELNET<br>Nonpriority Creditor's Name<br>ATTN: CLAIMS<br>PO BOX 82505<br>LINCOLN, NE 68501<br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> 5699<br><b>When was the debt incurred?</b> 2013<br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input checked="" type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input type="checkbox"/> Other. Specify _____ | \$1,976.00 |
| STUDENT LOAN |  |  |            |

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| 4.1<br>9     | DEPT OF ED / 582 / NELNET<br>Nonpriority Creditor's Name<br>ATTN: CLAIMS<br>PO BOX 82505<br>LINCOLN, NE 68501<br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> 6699<br><b>When was the debt incurred?</b> 2014<br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input checked="" type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input type="checkbox"/> Other. Specify _____ | \$1,895.00 |
| STUDENT LOAN |  |  |            |

Debtor 1 KEITH V ISHERWOOD  
Debtor 2 BARBARA S ISHERWOOD

Case number (if known)

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| 4.2<br>0            | <b>DEPT OF ED / 582 / NELNET</b><br>Nonpriority Creditor's Name<br>ATTN: CLAIMS<br>PO BOX 82505<br>LINCOLN, NE 68501<br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> 7894 <span style="float: right;">\$1,855.00</span><br><b>When was the debt incurred?</b> 2015<br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input checked="" type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input type="checkbox"/> Other. Specify _____ |
| <b>STUDENT LOAN</b> |   |  |

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| 4.2<br>1            | <b>DEPT OF ED / 582 / NELNET</b><br>Nonpriority Creditor's Name<br>ATTN: CLAIMS<br>PO BOX 82505<br>LINCOLN, NE 68501<br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> 6095 <span style="float: right;">\$1,750.00</span><br><b>When was the debt incurred?</b> 2018<br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input checked="" type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input type="checkbox"/> Other. Specify _____ |
| <b>STUDENT LOAN</b> |   |  |

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| 4.2<br>2            | <b>DEPT OF ED / 582 / NELNET</b><br>Nonpriority Creditor's Name<br>ATTN: CLAIMS<br>PO BOX 82505<br>LINCOLN, NE 68501<br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> 6195 <span style="float: right;">\$1,456.00</span><br><b>When was the debt incurred?</b> 2018<br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input checked="" type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input type="checkbox"/> Other. Specify _____ |
| <b>STUDENT LOAN</b> |   |  |

Debtor 1 KEITH V ISHERWOOD  
Debtor 2 BARBARA S ISHERWOOD

Case number (if known)

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| 4.2<br>3            | <b>DEPT OF ED / 582 / NELNET</b><br>Nonpriority Creditor's Name<br>ATTN: CLAIMS<br>PO BOX 82505<br>LINCOLN, NE 68501<br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> 5499 <span style="float: right;">\$1,334.00</span><br><b>When was the debt incurred?</b> 2011<br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input checked="" type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input type="checkbox"/> Other. Specify _____ |
| <b>STUDENT LOAN</b> |   |  |

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| 4.2<br>4            | <b>DEPT OF ED / 582 / NELNET</b><br>Nonpriority Creditor's Name<br>ATTN: CLAIMS<br>PO BOX 82505<br>LINCOLN, NE 68501<br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> 5599 <span style="float: right;">\$1,296.00</span><br><b>When was the debt incurred?</b> 2012<br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input checked="" type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input type="checkbox"/> Other. Specify _____ |
| <b>STUDENT LOAN</b> |   |  |

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| 4.2<br>5            | <b>DEPT OF ED / 582 / NELNET</b><br>Nonpriority Creditor's Name<br>ATTN: CLAIMS<br>PO BOX 82505<br>LINCOLN, NE 68501<br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> 7994 <span style="float: right;">\$1,034.00</span><br><b>When was the debt incurred?</b> 2015<br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input checked="" type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input type="checkbox"/> Other. Specify _____ |
| <b>STUDENT LOAN</b> |   |  |

Debtor 1 KEITH V ISHERWOOD  
Debtor 2 BARBARA S ISHERWOOD

Case number (if known)

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| 4.2<br>6            | <b>DEPT OF ED / 582 / NELNET</b><br>Nonpriority Creditor's Name<br>ATTN: CLAIMS<br>PO BOX 82505<br>LINCOLN, NE 68501<br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> 5899 <span style="float: right;">\$594.00</span><br><b>When was the debt incurred?</b> 2013<br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input checked="" type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input type="checkbox"/> Other. Specify _____ |
| <b>STUDENT LOAN</b> |   |  |

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| 4.2<br>7            | <b>DEPT OF ED / 582 / NELNET</b><br>Nonpriority Creditor's Name<br>ATTN: CLAIMS<br>PO BOX 82505<br>LINCOLN, NE 68501<br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> 5399 <span style="float: right;">\$246.00</span><br><b>When was the debt incurred?</b> 2011<br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input checked="" type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input type="checkbox"/> Other. Specify _____ |
| <b>STUDENT LOAN</b> |   |  |

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| 4.2<br>8            | <b>DEPT OF ED / 582 / NELNET</b><br>Nonpriority Creditor's Name<br>ATTN: CLAIMS<br>PO BOX 82505<br>LINCOLN, NE 68501<br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> 5299 <span style="float: right;">\$66.00</span><br><b>When was the debt incurred?</b> 2010<br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input checked="" type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input type="checkbox"/> Other. Specify _____ |
| <b>STUDENT LOAN</b> |   |   |

Debtor 1 KEITH V ISHERWOOD  
Debtor 2 BARBARA S ISHERWOOD

Case number (if known)

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| 4.2<br>9     | <b>DEPT OF ED / NAVIENT</b><br>Nonpriority Creditor's Name<br>ATTN: CLAIMS DEPT<br>PO BOX 9635<br>WILKES BARR, PA 18773<br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> 1126 <span style="float: right;">\$3,001.00</span><br><b>When was the debt incurred?</b> 2018<br><br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input checked="" type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input type="checkbox"/> Other. Specify _____ |
| STUDENT LOAN |  |  |

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| 4.3<br>0     | <b>DEPT OF ED / NAVIENT</b><br>Nonpriority Creditor's Name<br>ATTN: CLAIMS DEPT<br>PO BOX 9635<br>WILKES BARR, PA 18773<br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> 0729 <span style="float: right;">\$2,732.00</span><br><b>When was the debt incurred?</b> 2015<br><br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input checked="" type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input type="checkbox"/> Other. Specify _____ |
| STUDENT LOAN |  |  |

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| 4.3<br>1     | <b>DEPT OF ED / NAVIENT</b><br>Nonpriority Creditor's Name<br>ATTN: CLAIMS DEPT<br>PO BOX 9635<br>WILKES BARR, PA 18773<br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> 0729 <span style="float: right;">\$1,925.00</span><br><b>When was the debt incurred?</b> 2015<br><br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input checked="" type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input type="checkbox"/> Other. Specify _____ |
| STUDENT LOAN |  |  |

Debtor 1 KEITH V ISHERWOOD  
Debtor 2 BARBARA S ISHERWOOD

Case number (if known)

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| 4.3<br>2 | <b>DEPT OF ED / NAVIENT</b><br>Nonpriority Creditor's Name<br>ATTN: CLAIMS DEPT<br>PO BOX 9635<br>WILKES BARR, PA 18773<br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> 1126 <span style="float: right;">\$1,750.00</span><br><b>When was the debt incurred?</b> 2018<br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input checked="" type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input type="checkbox"/> Other. Specify _____<br><div style="text-align: center;"><b>STUDENT LOAN</b></div> |
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| 4.3<br>3 | <b>DEPT OF ED / NAVIENT</b><br>Nonpriority Creditor's Name<br>ATTN: CLAIMS DEPT<br>PO BOX 9635<br>WILKES BARR, PA 18773<br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> 0513 <span style="float: right;">\$874.00</span><br><b>When was the debt incurred?</b> 2013<br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input checked="" type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input type="checkbox"/> Other. Specify _____<br><div style="text-align: center;"><b>STUDENT LOAN</b></div> |
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| 4.3<br>4 | <b>DISCOVER FINANCIAL</b><br>Nonpriority Creditor's Name<br>PO BOX 3025<br>NEW ALBANY, OH 43054<br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> 6079 <span style="float: right;">\$282.00</span><br><b>When was the debt incurred?</b> 2017<br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify CREDIT CARD PURCHASES |
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Debtor 1 KEITH V ISHERWOOD  
Debtor 2 BARBARA S ISHERWOOD

Case number (if known)

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| 4.3<br>5 | <b>FINANCIAL CONTROL SERVICES</b><br>Nonpriority Creditor's Name<br>ATTN: BANKRUPTCY<br>PO BOX 21626<br>WACO, TX 76702<br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> 2912 <span style="float: right;">\$1,378.00</span><br><b>When was the debt incurred?</b> Opened 2/01/18<br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>MEDICAL</u> |
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| 4.3<br>6 | <b>GULF TO BAY ANESTH ASSOC</b><br>Nonpriority Creditor's Name<br>ATTN: BANKRUPTCY<br>1 TAMPA GENERAL CIR<br>TAMPA, FL 33606<br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> 0456 <span style="float: right;">\$2,069.00</span><br><b>When was the debt incurred?</b> 2017<br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>MEDICAL</u> |
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| 4.3<br>7 | <b>HAMPTON PINES EMERG PHYS LLC</b><br>Nonpriority Creditor's Name<br>ATTN: BANKRUPTCY<br>P.O. BOX 37865<br>PHILADELPHIA, PA 19101-0165<br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> 92N1 <span style="float: right;">\$1,402.00</span><br><b>When was the debt incurred?</b> 2018<br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>MEDICAL</u> |
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Debtor 1 KEITH V ISHERWOOD  
Debtor 2 BARBARA S ISHERWOOD

Case number (if known)

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| 4.3<br>8 | <b>HARBOR BLVD EMERGENCY PHYS</b><br>Nonpriority Creditor's Name<br>ATTN: BANKRUPTCY<br>21298 OLEAN BLVD<br>PORT CHARLOTTE, FL 33952-6705<br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> <u>54N1</u> <span style="float: right;"><b>\$1,543.00</b></span><br><b>When was the debt incurred?</b> <u>2018</u><br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>MEDICAL</u> |
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| 4.3<br>9 | <b>JAYSON ORESCHNICK</b><br>Nonpriority Creditor's Name<br>9376 AUTUMN HAZE DR<br>NAPLES, FL 34109<br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> <u>52CC</u> <span style="float: right;"><b>\$3,000.00</b></span><br><b>When was the debt incurred?</b> <u>2013</u><br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>JUDGMENT</u> |
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| 4.4<br>0 | <b>KINUM</b><br>Nonpriority Creditor's Name<br>ATTN: BANKRUPTCY DEPT<br>800 SEAHAWK CIRCLE #124<br>VIRGINIA BEACH, VA 23452<br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> <u>8990</u> <span style="float: right;"><b>\$1,227.00</b></span><br><b>When was the debt incurred?</b> <u>2017</u><br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>SERVICES</u> |
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Debtor 1 KEITH V ISHERWOOD  
Debtor 2 BARBARA S ISHERWOOD

Case number (if known)

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| 4.4<br>1 | <b>MIDWEST RECOVERY SYSTEMS</b><br>Nonpriority Creditor's Name<br>PO BOX 899<br>FLORISSANT, MO 63032<br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> 6613<br><b>When was the debt incurred?</b> Opened 9/05/18<br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>MEDICAL</u> | \$1,987.00 |
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| 4.4<br>2 | <b>MIDWEST RECOVERY SYSTEMS</b><br>Nonpriority Creditor's Name<br>PO BOX 899<br>FLORISSANT, MO 63032<br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> 4796<br><b>When was the debt incurred?</b> Opened 9/05/18<br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>MEDICAL</u> | \$1,853.00 |
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| 4.4<br>3 | <b>NAPLES COMM HOSP</b><br>Nonpriority Creditor's Name<br>ATTN: BANKRUPTCY<br>350 7TH ST N<br>NAPLES, FL 34102<br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> 3878<br><b>When was the debt incurred?</b> 2016<br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>MEDICAL</u> | \$1,075.00 |
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Debtor 1 KEITH V ISHERWOOD  
Debtor 2 BARBARA S ISHERWOOD

Case number (if known)

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| 4.4<br>4 | <b>NAPLES COMM HOSP</b><br>Nonpriority Creditor's Name<br>ATTN: BANKRUPTCY<br>350 7TH ST N<br>NAPLES, FL 34102<br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> 2913 <span style="float: right;">\$988.00</span><br><b>When was the debt incurred?</b> 2018<br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>MEDICAL</u> |
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| 4.4<br>5 | <b>NAPLES COMMUNITY HOSPITAL</b><br>Nonpriority Creditor's Name<br>ATTN: BANKRUPTCY<br>350 7TH ST N<br>NAPLES, FL 34102<br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> 32N1 <span style="float: right;">\$4,337.00</span><br><b>When was the debt incurred?</b> 2018<br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>MEDICAL</u> |
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| 4.4<br>6 | <b>NAPLES HMA LLC</b><br>Nonpriority Creditor's Name<br>9500 EUCLID AVE<br>CLEVELAND, OH 44195<br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> 0379 <span style="float: right;">\$3,000.00</span><br><b>When was the debt incurred?</b> 2018<br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>JUDGMENT</u> |
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Debtor 1 KEITH V ISHERWOOD  
Debtor 2 BARBARA S ISHERWOOD

Case number (if known)

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| 4.4<br>7 | <b>NAPLES RADIOLOGISTS</b><br>Nonpriority Creditor's Name<br>ATTN: BANKRUPTCY<br>1441 RIDGE ST<br>NAPLES, FL 34103<br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> 6749 <span style="float: right;">\$397.00</span><br><b>When was the debt incurred?</b> 2015<br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>MEDICAL</u> |
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| 4.4<br>8 | <b>NAPLES RADIOLOGISTS</b><br>Nonpriority Creditor's Name<br>ATTN: BANKRUPTCY<br>1441 RIDGE ST<br>NAPLES, FL 34103<br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> 1758 <span style="float: right;">\$194.00</span><br><b>When was the debt incurred?</b> 2015<br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>MEDICAL</u> |
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| 4.4<br>9 | <b>NAPLES RADIOLOGISTS</b><br>Nonpriority Creditor's Name<br>ATTN: BANKRUPTCY<br>1441 RIDGE ST<br>NAPLES, FL 34103<br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> 1433 <span style="float: right;">\$185.00</span><br><b>When was the debt incurred?</b> 2013<br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>MEDICAL</u> |
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Debtor 1 KEITH V ISHERWOOD  
Debtor 2 BARBARA S ISHERWOOD

Case number (if known)

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| 4.5<br>0 | <b>NAPLES RADIOLOGISTS</b><br>Nonpriority Creditor's Name<br>ATTN: BANKRUPTCY<br>1441 RIDGE ST<br>NAPLES, FL 34103<br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> 9095<br><b>When was the debt incurred?</b> 2013<br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>MEDICAL</u> | \$177.00 |
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| 4.5<br>1 | <b>NAPLES RADIOLOGISTS</b><br>Nonpriority Creditor's Name<br>ATTN: BANKRUPTCY<br>1441 RIDGE ST<br>NAPLES, FL 34103<br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> 5858<br><b>When was the debt incurred?</b> 2014<br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>MEDICAL</u> | \$44.00 |
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| 4.5<br>2 | <b>NAPLES RADIOLOGISTS</b><br>Nonpriority Creditor's Name<br>ATTN: BANKRUPTCY<br>1441 RIDGE ST<br>NAPLES, FL 34103<br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> 4500<br><b>When was the debt incurred?</b> 2013<br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>MEDICAL</u> | \$44.00 |
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Debtor 1 KEITH V ISHERWOOD  
Debtor 2 BARBARA S ISHERWOOD

Case number (if known)

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| 4.5<br>3 | <b>NAPLES RADIOLOGISTS</b><br>Nonpriority Creditor's Name<br>ATTN: BANKRUPTCY<br>1441 RIDGE ST<br>NAPLES, FL 34103<br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> 3711 <span style="float: right;">\$33.00</span><br><b>When was the debt incurred?</b> 2016<br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>MEDICAL</u> |
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| 4.5<br>4 | <b>NAPLES RADIOLOGISTS</b><br>Nonpriority Creditor's Name<br>ATTN: BANKRUPTCY<br>1441 RIDGE ST<br>NAPLES, FL 34103<br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> 4979 <span style="float: right;">\$32.00</span><br><b>When was the debt incurred?</b> 2013<br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>MEDICAL</u> |
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| 4.5<br>5 | <b>NATIONWIDE RECOVERY</b><br>Nonpriority Creditor's Name<br>501 SHELLEY DR STE 300<br>TYLER, TX 75701<br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> 8257 <span style="float: right;">\$1,626.00</span><br><b>When was the debt incurred?</b> Opened 8/06/18<br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>MEDICAL</u> |
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Debtor 1 KEITH V ISHERWOOD  
Debtor 2 BARBARA S ISHERWOOD

Case number (if known)

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| 4.5<br>6 | <b>NATIONWIDE RECOVERY</b><br>Nonpriority Creditor's Name<br>501 SHELLEY DR STE 300<br>TYLER, TX 75701<br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> 9223<br><b>When was the debt incurred?</b> Opened 10/03/18<br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>MEDICAL</u> | \$661.00 |
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| 4.5<br>7 | <b>NATIONWIDE RECOVERY</b><br>Nonpriority Creditor's Name<br>501 SHELLEY DR STE 300<br>TYLER, TX 75701<br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> 6378<br><b>When was the debt incurred?</b> Opened 7/06/18<br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>MEDICAL</u> | \$661.00 |
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| 4.5<br>8 | <b>NORTH COLLIER HOSP</b><br>Nonpriority Creditor's Name<br>ATTN: BANKRUPTCY<br>11190 HEALTH PARK BLVD<br>NAPLES, FL 34110<br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> 2914<br><b>When was the debt incurred?</b> 2018<br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>MEDICAL</u> | \$7,331.00 |
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Debtor 1 KEITH V ISHERWOOD  
Debtor 2 BARBARA S ISHERWOOD

Case number (if known)

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| 4.5<br>9 | <b>NORTH COLLIER HOSPITAL</b><br>Nonpriority Creditor's Name<br>ATTN: BANKRUPTCY<br>11190 HEALTH PARK BLVD<br>NAPLES, FL 34110<br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> 63N1<br><b>When was the debt incurred?</b> 2018<br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>MEDICAL</u> | \$347.00 |
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| 4.6<br>0 | <b>NORTH NAPLES HOSP</b><br>Nonpriority Creditor's Name<br>11190 HEALTH PARK BLVD<br>NAPLES, FL 34110<br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> 7246<br><b>When was the debt incurred?</b> 2015<br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>MEDICAL</u> | \$3,473.00 |
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| 4.6<br>1 | <b>NORTH NAPLES HOSP</b><br>Nonpriority Creditor's Name<br>11190 HEALTH PARK BLVD<br>NAPLES, FL 34110<br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> 0790<br><b>When was the debt incurred?</b> 2017<br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>MEDICAL</u> | \$2,975.00 |
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Debtor 1 KEITH V ISHERWOOD  
Debtor 2 BARBARA S ISHERWOOD

Case number (if known)

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| 4.6<br>2 | <b>NORTH NAPLES HOSP</b><br>Nonpriority Creditor's Name<br>11190 HEALTH PARK BLVD<br>NAPLES, FL 34110<br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> 7745 <span style="float: right;">\$1,602.00</span><br><b>When was the debt incurred?</b> 2017<br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>MEDICAL</u> |
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|          |  |   |
|----------|--|---|
| 4.6<br>3 | <b>NORTH NAPLES HOSP</b><br>Nonpriority Creditor's Name<br>11190 HEALTH PARK BLVD<br>NAPLES, FL 34110<br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> 2260 <span style="float: right;">\$614.00</span><br><b>When was the debt incurred?</b> 2015<br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>MEDICAL</u> |
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|          |  |   |
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| 4.6<br>4 | <b>NORTH NAPLES HOSP</b><br>Nonpriority Creditor's Name<br>11190 HEALTH PARK BLVD<br>NAPLES, FL 34110<br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> 7914 <span style="float: right;">\$439.00</span><br><b>When was the debt incurred?</b> 2015<br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>MEDICAL</u> |
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Debtor 1 KEITH V ISHERWOOD  
Debtor 2 BARBARA S ISHERWOOD

Case number (if known)

4.6  
5

**PALMETTO EMERGENCY  
PHYSICIANS**

Nonpriority Creditor's Name  
ATTN: BANKRUPTCY  
809 E MARION AVE  
PUNTA GORDA, FL 33950

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Last 4 digits of account number** 40N1

\$1,379.00

**When was the debt incurred?** 2018

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify MEDICAL

4.6  
6

**PHYSICIANS REGIONAL MED**

Nonpriority Creditor's Name  
ATTN: BANKRUPTCY DEPT  
8300 COLLIER BLVD  
NAPLES, FL 34114

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Last 4 digits of account number** 4731

\$1,661.00

**When was the debt incurred?** 2016

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify MEDICAL

4.6  
7

**PROGRESSIVE INSURANCE**

Nonpriority Creditor's Name  
PO BOX 6807  
CLEVELAND, OH 44101-6807

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Last 4 digits of account number** 2325

\$719.00

**When was the debt incurred?** 2016

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify SERVICES

Debtor 1 KEITH V ISHERWOOD  
Debtor 2 BARBARA S ISHERWOOD

Case number (if known)

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| 4.6<br>8 | <b>PUBLIC STORAGE</b><br>Nonpriority Creditor's Name<br>PO BOX 25050<br>GLENDALE, CA 91221-5050<br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> NA<br><b>When was the debt incurred?</b> NA<br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>SERVICES</u> | \$1,100.00 |
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| 4.6<br>9 | <b>PUFFIN EMERG PHY LLC</b><br>Nonpriority Creditor's Name<br>ATTN: BANKRUPTCY<br>6101 PINE RIDGE RD<br>NAPLES, FL 34119<br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> 97N1<br><b>When was the debt incurred?</b> 2018<br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>MEDICAL</u> | \$1,116.00 |
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| 4.7<br>0 | <b>PUFFIN EMERG PHY LLC</b><br>Nonpriority Creditor's Name<br>6101 PINE RIDGE RD<br>NAPLES, FL 34119<br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> 9613<br><b>When was the debt incurred?</b> 2018<br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>MEDICAL</u> | \$499.00 |
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Debtor 1 KEITH V ISHERWOOD  
Debtor 2 BARBARA S ISHERWOOD

Case number (if known)

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| 4.7<br>1 | <b>SANTANDER CONSUMER USA</b><br>Nonpriority Creditor's Name<br>ATTN: BANKRUPTCY<br>PO BOX 961245<br>FORT WORTH, TX 76161<br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> 1000 <span style="float: right;">\$18,159.00</span><br><b>When was the debt incurred?</b> 2014<br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>DEFICIENCY BALANCE</u> |
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| 4.7<br>2 | <b>SMH EMERGENCY CARE CENTER</b><br>Nonpriority Creditor's Name<br>ATTN: BANKRUPTCY<br>1700 S<br>SARASOTA, FL 34239<br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> 1118 <span style="float: right;">\$9,847.00</span><br><b>When was the debt incurred?</b> 2017<br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>MEDICAL</u> |
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| 4.7<br>3 | <b>SOUTHWEST EMERGENCY MANAGEMENT</b><br>Nonpriority Creditor's Name<br>ATTN: BANKRUPTCY<br>P.O. BOX 634633<br>CINCINNATI, OH 45263<br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> 1295 <span style="float: right;">\$1,607.00</span><br><b>When was the debt incurred?</b> 2017<br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>MEDICAL</u> |
|----------|--|---|

Debtor 1 KEITH V ISHERWOOD  
Debtor 2 BARBARA S ISHERWOOD

Case number (if known)

4.7  
4

**SOUTHWEST EMERGENCY  
MANAGEMENT**

Nonpriority Creditor's Name  
P.O. BOX 630806  
CINCINNATI, OH 45263-0806  
Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Last 4 digits of account number** 7017 \$1,607.00

**When was the debt incurred?** 2017

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify MEDICAL

4.7  
5

**SOUTHWEST FL EMERGENCY  
MANAGEMENT**

Nonpriority Creditor's Name  
ATTN: BANKRUPTCY  
P.O. BOX 634633  
CINCINNATI, OH 45263  
Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Last 4 digits of account number** 2060 \$1,607.00

**When was the debt incurred?** 2017

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify MEDICAL

4.7  
6

**SOUTHWEST FL EMERGENCY  
MANAGEMENT**

Nonpriority Creditor's Name  
ATTN: BANKRUPTCY  
P.O. BOX 634633  
CINCINNATI, OH 45263  
Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Last 4 digits of account number** 9022 \$1,395.00

**When was the debt incurred?** 2014

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify MEDICAL

Debtor 1 KEITH V ISHERWOOD  
Debtor 2 BARBARA S ISHERWOOD

Case number (if known)

4.7  
7

**SOUTHWEST FL EMERGENCY MANAGEMENT**

Nonpriority Creditor's Name  
ATTN: BANKRUPTCY  
P.O. BOX 634633  
CINCINNATI, OH 45263

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt  
**Is the claim subject to offset?**  
☒ No  
☐ Yes

**Last 4 digits of account number** 1104 \$1,374.00

**When was the debt incurred?** 2015

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
**Type of NONPRIORITY unsecured claim:**  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify MEDICAL

4.7  
8

**SOUTHWEST FL EMERGENCY MANAGEMENT**

Nonpriority Creditor's Name  
ATTN: BANKRUPTCY  
P.O. BOX 634633  
CINCINNATI, OH 45263

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt  
**Is the claim subject to offset?**  
☒ No  
☐ Yes

**Last 4 digits of account number** 4439 \$1,347.00

**When was the debt incurred?** 2013

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
**Type of NONPRIORITY unsecured claim:**  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify MEDICAL

4.7  
9

**SOUTHWEST FL EMERGENCY MANAGEMENT**

Nonpriority Creditor's Name  
ATTN: BANKRUPTCY  
P.O. BOX 634633  
CINCINNATI, OH 45263

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt  
**Is the claim subject to offset?**  
☒ No  
☐ Yes

**Last 4 digits of account number** 5553 \$1,285.00

**When was the debt incurred?** 2014

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
**Type of NONPRIORITY unsecured claim:**  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify MEDICAL

Debtor 1 KEITH V ISHERWOOD  
Debtor 2 BARBARA S ISHERWOOD

Case number (if known)

4.8  
0

**SOUTHWEST FL EMERGENCY  
MANAGEMENT**

Nonpriority Creditor's Name  
ATTN: BANKRUPTCY  
P.O. BOX 634633  
CINCINNATI, OH 45263

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Last 4 digits of account number** 6504

\$1,255.00

**When was the debt incurred?** 2014

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify MEDICAL

4.8  
1

**SOUTHWEST FL EMERGENCY  
MANAGT**

Nonpriority Creditor's Name  
ATTN: BANKRUPTCY  
P.O. BOX 634633  
CINCINNATI, OH 45263

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Last 4 digits of account number** 3430

\$996.00

**When was the debt incurred?** 2015

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify MEDICAL

4.8  
2

**SOUTHWEST FL EMERGENCY  
MANGT**

Nonpriority Creditor's Name  
ATTN: BANKRUPTCY  
P.O. BOX 634633  
CINCINNATI, OH 45263

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Last 4 digits of account number** 4496

\$1,030.00

**When was the debt incurred?** 2017

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify MEDICAL

Debtor 1 KEITH V ISHERWOOD  
Debtor 2 BARBARA S ISHERWOOD

Case number (if known)

4.8  
3

**SOUTHWEST FL EMERGENCY  
MANGT**

Nonpriority Creditor's Name  
ATTN: BANKRUPTCY  
PO BOX 634633  
CINCINNATI, OH 45263

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt  
**Is the claim subject to offset?**  
☒ No  
☐ Yes

**Last 4 digits of account number** 8856 \$981.00

**When was the debt incurred?** 2015

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
**Type of NONPRIORITY unsecured claim:**  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify MEDICAL

4.8  
4

**SOUTHWEST FL EMERGENCY  
MANGT**

Nonpriority Creditor's Name  
ATTN: BANKRUPTCY  
PO BOX 634633  
CINCINNATI, OH 45263

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt  
**Is the claim subject to offset?**  
☒ No  
☐ Yes

**Last 4 digits of account number** 6030 \$981.00

**When was the debt incurred?** 2015

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
**Type of NONPRIORITY unsecured claim:**  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify MEDICAL

4.8  
5

**SOUTHWEST FL EMERGENCY  
MANGT**

Nonpriority Creditor's Name  
ATTN: BANKRUPTCY  
PO BOX 634633  
CINCINNATI, OH 45263

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt  
**Is the claim subject to offset?**  
☒ No  
☐ Yes

**Last 4 digits of account number** 3264 \$929.00

**When was the debt incurred?** 2018

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
**Type of NONPRIORITY unsecured claim:**  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify MEDICAL

Debtor 1 KEITH V ISHERWOOD  
Debtor 2 BARBARA S ISHERWOOD

Case number (if known)

4.8  
6

**SOUTHWEST FL EMERGENCY  
MANGT**

Nonpriority Creditor's Name  
ATTN: BANKRUPTCY  
PO BOX 634633  
CINCINNATI, OH 45263

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt  
**Is the claim subject to offset?**  
☒ No  
☐ Yes

**Last 4 digits of account number** 4765 \$859.00

**When was the debt incurred?** 2013

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
**Type of NONPRIORITY unsecured claim:**  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify MEDICAL

4.8  
7

**SOUTHWEST FL EMERGENCY  
MANGT**

Nonpriority Creditor's Name  
ATTN: BANKRUPTCY  
PO BOX 634633  
CINCINNATI, OH 45263

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt  
**Is the claim subject to offset?**  
☒ No  
☐ Yes

**Last 4 digits of account number** 8947 \$917.00

**When was the debt incurred?** 2014

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
**Type of NONPRIORITY unsecured claim:**  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify MEDICAL

4.8  
8

**SOUTHWEST FL EMERGENCY  
MANGT**

Nonpriority Creditor's Name  
ATTN: BANKRUPTCY  
PO BOX 634633  
CINCINNATI, OH 45263

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt  
**Is the claim subject to offset?**  
☒ No  
☐ Yes

**Last 4 digits of account number** 6438 \$665.00

**When was the debt incurred?** 2016

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
**Type of NONPRIORITY unsecured claim:**  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify MEDICAL



Debtor 1 KEITH V ISHERWOOD  
Debtor 2 BARBARA S ISHERWOOD

Case number (if known)

4.8  
9

**SOUTHWEST FL EMERGENCY  
MANGT**

Nonpriority Creditor's Name  
ATTN: BANKRUPTCY  
PO BOX 634633  
CINCINNATI, OH 45263

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt  
**Is the claim subject to offset?**  
☒ No  
☐ Yes

**Last 4 digits of account number** 6434 \$665.00

**When was the debt incurred?** 2016

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
**Type of NONPRIORITY unsecured claim:**  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify MEDICAL

4.9  
0

**SOUTHWEST FL EMERGENCY  
MANGT**

Nonpriority Creditor's Name  
ATTN: BANKRUPTCY  
PO BOX 634633  
CINCINNATI, OH 45263

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt  
**Is the claim subject to offset?**  
☒ No  
☐ Yes

**Last 4 digits of account number** 9053 \$553.00

**When was the debt incurred?** 2013

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
**Type of NONPRIORITY unsecured claim:**  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify MEDICAL

4.9  
1

**SOUTHWEST FL EMERGENCY  
MANGT**

Nonpriority Creditor's Name  
ATTN: BANKRUPTCY  
PO BOX 634633  
CINCINNATI, OH 45263

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt  
**Is the claim subject to offset?**  
☒ No  
☐ Yes

**Last 4 digits of account number** 2121 \$553.00

**When was the debt incurred?** 2014

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
**Type of NONPRIORITY unsecured claim:**  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify MEDICAL

Debtor 1 KEITH V ISHERWOOD  
Debtor 2 BARBARA S ISHERWOOD

Case number (if known)

4.9  
2

**SOUTHWEST FL EMERGENCY  
MANGT**

Nonpriority Creditor's Name  
ATTN: BANKRUPTCY  
PO BOX 634633  
CINCINNATI, OH 45263

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Last 4 digits of account number** 4764

\$517.00

**When was the debt incurred?** 2013

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify MEDICAL

4.9  
3

**SOUTHWEST FL EMERGENCY PHY**

Nonpriority Creditor's Name  
ATTN: BANKRUPTCY  
P.O. BOX 634633  
CINCINNATI, OH 45263

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Last 4 digits of account number** 0769

\$775.00

**When was the debt incurred?** 2014

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify MEDICAL

4.9  
4

**SOUTHWEST FL EMERGENCY PHY**

Nonpriority Creditor's Name  
ATTN: BANKRUPTCY  
P.O. BOX 634633  
CINCINNATI, OH 45263

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Last 4 digits of account number** 9923

\$725.00

**When was the debt incurred?** 2012

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify MEDICAL

Debtor 1 KEITH V ISHERWOOD  
Debtor 2 BARBARA S ISHERWOOD

Case number (if known)

|          |  |   |
|----------|--|---|
| 4.9<br>5 | <b>SOUTHWEST FL EMERGENCY PHY</b><br>Nonpriority Creditor's Name<br>ATTN: BANKRUPTCY<br>P.O. BOX 634633<br>CINCINNATI, OH 45263<br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> 0290 <span style="float: right;">\$695.00</span><br><b>When was the debt incurred?</b> 2012<br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>MEDICAL</u> |
|----------|--|---|

|          |  |  |
|----------|--|--|
| 4.9<br>6 | <b>SPRINT</b><br>Nonpriority Creditor's Name<br>KSOPHT0101-Z4300<br>6391 Sprint Parkway<br>OVERLAND PARK, KS 66251-4300<br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> 2918 <span style="float: right;">\$679.00</span><br><b>When was the debt incurred?</b> 2014<br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>SERVICES</u> |
|----------|--|--|

|          |   |  |
|----------|---|--|
| 4.9<br>7 | <b>SUSAN M. JOHNSON</b><br>Nonpriority Creditor's Name<br>3300 144TH W ST<br>ROSEMOUNT, MN 55068<br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> 1620 <span style="float: right;">\$3,000.00</span><br><b>When was the debt incurred?</b> 2010<br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>JUDGMENT</u> |
|----------|---|--|

Debtor 1 KEITH V ISHERWOOD  
Debtor 2 BARBARA S ISHERWOOD

Case number (if known)

4.9  
8

**SW FL EMERGENCY  
MANAGEMENT**

Nonpriority Creditor's Name  
ATTN: BANKRUPTCY  
P.O. BOX 634633  
CINCINNATI, OH 45263

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Last 4 digits of account number** 7361

\$1,631.00

**When was the debt incurred?** 2017

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify MEDICAL

4.9  
9

**SW FL EMERGENCY  
MANAGEMENT**

Nonpriority Creditor's Name  
ATTN: BANKRUPTCY  
P.O. BOX 634633  
CINCINNATI, OH 45263

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Last 4 digits of account number** 3595

\$1,620.00

**When was the debt incurred?** 2016

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify MEDICAL

4.1  
00

**SW FL EMERGENCY MANAGT**

Nonpriority Creditor's Name  
ATTN: BANKRUPTCY  
PO BOX 634633  
CINCINNATI, OH 45263

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Last 4 digits of account number** 4623

\$1,030.00

**When was the debt incurred?** 2017

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify MEDICAL

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

Debtor 1 KEITH V ISHERWOOD  
Debtor 2 BARBARA S ISHERWOOD

Case number (if known)

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

|                                 |   |
|---------------------------------|---|
| Name and Address                | On which entry in Part 1 or Part 2 did you list the original creditor?                  |
| ACCOUNT RESOLUTION SERVICES     | Line <u>4.36</u> of (Check one):  |
| P.O. BOX 630806                 | <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims               |
| CINCINNATI, OH 45263-0806       | <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims |
| Last 4 digits of account number | 0456  |

|                                 |   |
|---------------------------------|---|
| Name and Address                | On which entry in Part 1 or Part 2 did you list the original creditor?                  |
| ACCOUNT RESOLUTION SERVICES     | Line <u>4.98</u> of (Check one):  |
| P.O. BOX 630806                 | <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims               |
| CINCINNATI, OH 45263-0806       | <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims |
| Last 4 digits of account number | 7361  |

|                                 |   |
|---------------------------------|---|
| Name and Address                | On which entry in Part 1 or Part 2 did you list the original creditor?                  |
| ACCOUNT RESOLUTION SERVICES     | Line <u>4.99</u> of (Check one):  |
| P.O. BOX 630806                 | <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims               |
| CINCINNATI, OH 45263-0806       | <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims |
| Last 4 digits of account number |   |

|                                 |   |
|---------------------------------|---|
| Name and Address                | On which entry in Part 1 or Part 2 did you list the original creditor?                  |
| ACCOUNT RESOLUTION SERVICES     | Line <u>4.73</u> of (Check one):  |
| P.O. BOX 630806                 | <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims               |
| CINCINNATI, OH 45263-0806       | <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims |
| Last 4 digits of account number | 1295  |

|                                 |   |
|---------------------------------|---|
| Name and Address                | On which entry in Part 1 or Part 2 did you list the original creditor?                  |
| ACCOUNT RESOLUTION SERVICES     | Line <u>4.74</u> of (Check one):  |
| P.O. BOX 630806                 | <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims               |
| CINCINNATI, OH 45263-0806       | <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims |
| Last 4 digits of account number | 7017  |

|                                 |   |
|---------------------------------|---|
| Name and Address                | On which entry in Part 1 or Part 2 did you list the original creditor?                  |
| ACCOUNT RESOLUTION SERVICES     | Line <u>4.75</u> of (Check one):  |
| P.O. BOX 630806                 | <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims               |
| CINCINNATI, OH 45263-0806       | <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims |
| Last 4 digits of account number | 2060  |

|                                 |   |
|---------------------------------|---|
| Name and Address                | On which entry in Part 1 or Part 2 did you list the original creditor?                  |
| ACCOUNT RESOLUTION SERVICES     | Line <u>4.76</u> of (Check one):  |
| P.O. BOX 630806                 | <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims               |
| CINCINNATI, OH 45263-0806       | <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims |
| Last 4 digits of account number | 9022  |

|                                 |   |
|---------------------------------|---|
| Name and Address                | On which entry in Part 1 or Part 2 did you list the original creditor?                  |
| ACCOUNT RESOLUTION SERVICES     | Line <u>4.77</u> of (Check one):  |
| P.O. BOX 630806                 | <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims               |
| CINCINNATI, OH 45263-0806       | <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims |
| Last 4 digits of account number | 1104  |

|                                 |   |
|---------------------------------|---|
| Name and Address                | On which entry in Part 1 or Part 2 did you list the original creditor?                  |
| ACCOUNT RESOLUTION SERVICES     | Line <u>4.78</u> of (Check one):  |
| P.O. BOX 630806                 | <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims               |
| CINCINNATI, OH 45263-0806       | <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims |
| Last 4 digits of account number | 4439  |

|                                 |   |
|---------------------------------|---|
| Name and Address                | On which entry in Part 1 or Part 2 did you list the original creditor?                  |
| ACCOUNT RESOLUTION SERVICES     | Line <u>4.79</u> of (Check one):  |
| P.O. BOX 630806                 | <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims               |
| CINCINNATI, OH 45263-0806       | <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims |
| Last 4 digits of account number | 5553  |

|                             |   |
|-----------------------------|---|
| Name and Address            | On which entry in Part 1 or Part 2 did you list the original creditor?                  |
| ACCOUNT RESOLUTION SERVICES | Line <u>4.80</u> of (Check one):  |
| P.O. BOX 630806             | <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims               |
|                             | <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims |

Debtor 1 KEITH V ISHERWOOD  
Debtor 2 BARBARA S ISHERWOOD

Case number (if known)

CINCINNATI, OH 45263-0806

Last 4 digits of account number 6504

Name and Address

ACCOUNT RESOLUTION SERVICES  
P.O. BOX 630806  
CINCINNATI, OH 45263-0806

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.82 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 4496

Name and Address

ACCOUNT RESOLUTION SERVICES  
P.O. BOX 630806  
CINCINNATI, OH 45263-0806

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.100 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 4623

Name and Address

ACCOUNT RESOLUTION SERVICES  
P.O. BOX 630806  
CINCINNATI, OH 45263-0806

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.81 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 3430

Name and Address

ACCOUNT RESOLUTION SERVICES  
P.O. BOX 630806  
CINCINNATI, OH 45263-0806

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.83 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 8856

Name and Address

ACCOUNT RESOLUTION SERVICES  
P.O. BOX 630806  
CINCINNATI, OH 45263-0806

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.84 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 6030

Name and Address

ACCOUNT RESOLUTION SERVICES  
P.O. BOX 630806  
CINCINNATI, OH 45263-0806

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.85 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 3264

Name and Address

ACCOUNT RESOLUTION SERVICES  
P.O. BOX 630806  
CINCINNATI, OH 45263-0806

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.86 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 4765

Name and Address

ACCOUNT RESOLUTION SERVICES  
P.O. BOX 630806  
CINCINNATI, OH 45263-0806

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.87 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 8947

Name and Address

ACCOUNT RESOLUTION SERVICES  
P.O. BOX 630806  
CINCINNATI, OH 45263-0806

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.88 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 6438

Name and Address

ACCOUNT RESOLUTION SERVICES  
P.O. BOX 630806  
CINCINNATI, OH 45263-0806

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.89 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 6434

Name and Address

ACCOUNT RESOLUTION SERVICES  
P.O. BOX 630806  
CINCINNATI, OH 45263-0806

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.90 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 KEITH V ISHERWOOD  
Debtor 2 BARBARA S ISHERWOOD

Case number (if known)

Last 4 digits of account number 9053

Name and Address  
ACCOUNT RESOLUTION SERVICES  
P.O. BOX 630806  
CINCINNATI, OH 45263-0806

On which entry in Part 1 or Part 2 did you list the original creditor?  
Line 4.91 of (Check one):  
☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 2121

Name and Address  
ACCOUNT RESOLUTION SERVICES  
P.O. BOX 630806  
CINCINNATI, OH 45263-0806

On which entry in Part 1 or Part 2 did you list the original creditor?  
Line 4.92 of (Check one):  
☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 4764

Name and Address  
CAITLIN WINKER  
PO BOX 85  
BROWERVILLE, MN 56438

On which entry in Part 1 or Part 2 did you list the original creditor?  
Line 4.67 of (Check one):  
☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 2325

Name and Address  
COMMONWEALTH FINANCIAL  
SYSTEMS  
245 MAIN ST  
SCRANTON, PA 18519

On which entry in Part 1 or Part 2 did you list the original creditor?  
Line 4.45 of (Check one):  
☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 32N1

Name and Address  
COMMONWEALTH FINANCIAL  
SYSTEMS  
245 MAIN ST  
SCRANTON, PA 18519

On which entry in Part 1 or Part 2 did you list the original creditor?  
Line 4.7 of (Check one):  
☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
COMMONWEALTH FINANCIAL  
SYSTEMS  
245 MAIN ST  
SCRANTON, PA 18519

On which entry in Part 1 or Part 2 did you list the original creditor?  
Line 4.38 of (Check one):  
☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 54N1

Name and Address  
COMMONWEALTH FINANCIAL  
SYSTEMS  
245 MAIN ST  
SCRANTON, PA 18519

On which entry in Part 1 or Part 2 did you list the original creditor?  
Line 4.37 of (Check one):  
☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 92N1

Name and Address  
COMMONWEALTH FINANCIAL  
SYSTEMS  
245 MAIN ST  
SCRANTON, PA 18519

On which entry in Part 1 or Part 2 did you list the original creditor?  
Line 4.65 of (Check one):  
☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 40N1

Name and Address  
COMMONWEALTH FINANCIAL  
SYSTEMS  
245 MAIN ST  
SCRANTON, PA 18519

On which entry in Part 1 or Part 2 did you list the original creditor?  
Line 4.69 of (Check one):  
☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 97N1

Name and Address  
COMMONWEALTH FINANCIAL  
SYSTEMS  
245 MAIN ST  
SCRANTON, PA 18519

On which entry in Part 1 or Part 2 did you list the original creditor?  
Line 4.59 of (Check one):  
☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 KEITH V ISHERWOOD  
Debtor 2 BARBARA S ISHERWOOD

Case number (if known)

Last 4 digits of account number

Name and Address  
CONVERGENT HEALTHCARE  
RECOVERY, INC.  
121 NE JEFFERSON ST  
STE 100  
PEORIA, IL 61602

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.60 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

7246

Name and Address  
CONVERGENT HEALTHCARE  
RECOVERY, INC.  
121 NE JEFFERSON ST  
STE 100  
PEORIA, IL 61602

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.61 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

0790

Name and Address  
CONVERGENT HEALTHCARE  
RECOVERY, INC.  
121 NE JEFFERSON ST  
STE 100  
PEORIA, IL 61602

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.62 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

7745

Name and Address  
CONVERGENT HEALTHCARE  
RECOVERY, INC.  
121 NE JEFFERSON ST  
STE 100  
PEORIA, IL 61602

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.63 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

2260

Name and Address  
CONVERGENT HEALTHCARE  
RECOVERY, INC.  
121 NE JEFFERSON ST  
STE 100  
PEORIA, IL 61602

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.64 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

7914

Name and Address  
ERC/ENHANCED RECOVERY CORP  
PO BOX 57547  
JACKSONVILLE, FL 32241

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.96 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
FINANCIAL CONTROL SERVICES  
200 N NEW RD  
WACO, TX 76710

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.58 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

2914

Name and Address  
FINANCIAL CONTROL SERVICES  
200 N NEW RD  
WACO, TX 76710

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.44 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

2913

Name and Address  
FIRST CREDIT SERVICES  
377 HOES LN STE 200  
PISCATAWAY, NJ 08854

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.9 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

On which entry in Part 1 or Part 2 did you list the original creditor?



Debtor 1 KEITH V ISHERWOOD  
Debtor 2 BARBARA S ISHERWOOD

Case number (if known)

IC SYSTEMS INC  
444 HWY 96 E  
PO BOX 64378  
SAINT PAUL, MN 55164-0378

Line 4.4 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 7054

Name and Address  
IC SYSTEMS INC  
444 HWY 96 E  
PO BOX 64378  
SAINT PAUL, MN 55164-0378

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.5 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 7032

Name and Address  
MEDICAL DATA SYSTEMS INC  
2001 9TH AVE  
STE 312  
VERO BEACH, FL 32960

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.66 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 4731

Name and Address  
PHOENIX FINANCIAL SERVICES  
PO BOX 361450  
INDIANAPOLIS, IN 46236

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.70 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 9613

Name and Address  
PROFESSIONAL ADJUSTMENT  
CORP  
14410 METROPOLIS AVE  
FORT MYERS, FL 33912

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.93 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 0769

Name and Address  
PROFESSIONAL ADJUSTMENT  
CORP  
14410 METROPOLIS AVE  
FORT MYERS, FL 33912

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.47 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 6749

Name and Address  
PROFESSIONAL ADJUSTMENT  
CORP  
14410 METROPOLIS AVE  
FORT MYERS, FL 33912

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.94 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 9923

Name and Address  
PROFESSIONAL ADJUSTMENT  
CORP  
14410 METROPOLIS AVE  
FORT MYERS, FL 33912

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.95 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 0290

Name and Address  
PROFESSIONAL ADJUSTMENT  
CORP  
14410 METROPOLIS AVE  
FORT MYERS, FL 33912

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.48 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 1758

Name and Address  
PROFESSIONAL ADJUSTMENT  
CORP  
14410 METROPOLIS AVE  
FORT MYERS, FL 33912

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.49 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 KEITH V ISHERWOOD  
Debtor 2 BARBARA S ISHERWOOD

Case number (if known)

Last 4 digits of account number 1433

Name and Address  
PROFESSIONAL ADJUSTMENT  
CORP  
14410 METROPOLIS AVE  
FORT MYERS, FL 33912

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.50 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 9095

Name and Address  
PROFESSIONAL ADJUSTMENT  
CORP  
14410 METROPOLIS AVE  
FORT MYERS, FL 33912

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.51 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 5858

Name and Address  
PROFESSIONAL ADJUSTMENT  
CORP  
14410 METROPOLIS AVE  
FORT MYERS, FL 33912

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.52 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 6749

Name and Address  
PROFESSIONAL ADJUSTMENT  
CORP  
14410 METROPOLIS AVE  
FORT MYERS, FL 33912

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.53 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 3711

Name and Address  
PROFESSIONAL ADJUSTMENT  
CORP  
14410 METROPOLIS AVE  
FORT MYERS, FL 33912

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.54 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 4979

Name and Address  
SHAFRITZ & ASSOCIATES, P.A.  
601 N CONGRESS AVE  
STE 424  
DELRAY BEACH, FL 33445-4640

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.43 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 3878

Name and Address  
STATE COLLECTION SERVICE INC  
2509 S STOUGHTON RD STE 100  
MADISON, WI 53716

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.72 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 1118

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| Total<br>claims<br>from Part 1 |   |     | Total Claim |      |
|--------------------------------|---|-----|-------------|------|
|                                | 6a. Domestic support obligations  | 6a. | \$          | 0.00 |
|                                | 6b. Taxes and certain other debts you owe the government                    | 6b. | \$          | 0.00 |
|                                | 6c. Claims for death or personal injury while you were intoxicated          | 6c. | \$          | 0.00 |
|                                | 6d. Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$          | 0.00 |
|                                | 6e. Total Priority. Add lines 6a through 6d.                                | 6e. | \$          | 0.00 |
|                                |   |     | Total Claim |      |

Debtor 1 KEITH V ISHERWOOD  
Debtor 2 BARBARA S ISHERWOOD

Case number (if known)

|                                |   |     |    |            |
|--------------------------------|---|-----|----|------------|
| Total<br>claims<br>from Part 2 | 6f. Student loans   | 6f. | \$ | 38,592.00  |
|                                | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00       |
|                                | 6h. Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$ | 0.00       |
|                                | 6i. Other. Add all other nonpriority unsecured claims. Write that amount here.                              | 6i. | \$ | 124,542.00 |
|                                | 6j. Total Nonpriority. Add lines 6f through 6i.   | 6j. | \$ | 163,134.00 |

Fill in this information to identify your case:

Debtor 1 KEITH V ISHERWOOD  
First Name Middle Name Last Name

Debtor 2 BARBARA S ISHERWOOD  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: DISTRICT OF MINNESOTA THIRD DIVISION

Case number \_\_\_\_\_  
(if known)

☐ Check if this is an amended filing

Official Form 106G

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?**  
☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.  
☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone).** See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| Person or company with whom you have the contract or lease<br>Name, Number, Street, City, State and ZIP Code | State what the contract or lease is for |
|--|---|
| 2.1 Landlord   | Residential Lease Agreement             |

**Fill in this information to identify your case:**

|   |                                      |             |           |
|---|--------------------------------------|-------------|-----------|
| Debtor 1                                | KEITH V ISHERWOOD                    |             |           |
|   | First Name                           | Middle Name | Last Name |
| Debtor 2<br>(Spouse if, filing)         | BARBARA S ISHERWOOD                  |             |           |
|   | First Name                           | Middle Name | Last Name |
| United States Bankruptcy Court for the: | DISTRICT OF MINNESOTA THIRD DIVISION |             |           |
| Case number<br>(if known)               |                                      |             |           |

☐ Check if this is an amended filing

## Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

**1. Do you have any codebtors?** (If you are filing a joint case, do not list either spouse as a codebtor.)

- ☒ No  
☐ Yes

**2. Within the last 8 years, have you lived in a community property state or territory?** (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No. Go to line 3.  
☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

**3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.**

**Column 1: Your codebtor**

Name, Number, Street, City, State and ZIP Code

**Column 2: The creditor to whom you owe the debt**

Check all schedules that apply:

3.1

Name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

- ☐ Schedule D, line \_\_\_\_\_  
☐ Schedule E/F, line \_\_\_\_\_  
☐ Schedule G, line \_\_\_\_\_

3.2

Name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

- ☐ Schedule D, line \_\_\_\_\_  
☐ Schedule E/F, line \_\_\_\_\_  
☐ Schedule G, line \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1 KEITH V ISHERWOOD

|          |                     |
|----------|---------------------|
| Debtor 2 | BARBARA S ISHERWOOD |
|----------|---------------------|

(Spouse, if filing)

United States Bankruptcy Court for the: DISTRICT OF MINNESOTA THIRD DIVISION

Case number

(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

Official Form 1061

## Schedule I: Your Income

MM / DD/ YYYY

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

### Part 1: Describe Employment

1. **Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

### Employment status

### Occupation

**Employer's address**

### Debtor 1

- ☒ Employed  
☐ Not employed

Technician - Age: 30

Orkin

Eden Prairie, MN

### Debtor 2 or non-filing spouse

- ☐ Employed
- ☒ Not employed

Homemaker - Age: 30

**How long employed there?** 5 Months

## Part 2: Give Details About Monthly Income

**Estimate monthly income as of the date you file this form.** If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

**For Debtor 1**

**For Debtor 2 or non-filing spouse**

2. **List monthly gross wages, salary, and commissions** (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

|    |    |          |    |      |
|----|----|----------|----|------|
| 2. | \$ | 3,216.00 | \$ | 0.00 |
|----|----|----------|----|------|

3. **Estimate and list monthly overtime pay.**

|    |     |      |     |      |
|----|-----|------|-----|------|
| 3. | +\$ | 0.00 | +\$ | 0.00 |
|----|-----|------|-----|------|

- 4. Calculate gross Income.** Add line 2 + line 3.

|    |             |         |
|----|-------------|---------|
| 4. | \$ 3,216.00 | \$ 0.00 |
|----|-------------|---------|

Debtor 1 KEITH V ISHERWOOD  
Debtor 2 BARBARA S ISHERWOOD

Case number (if known)

|  | For Debtor 1                            | For Debtor 2 or non-filing spouse |
|--|---|-----------------------------------|
| Copy line 4 here   | 4. \$ 3,216.00                          | \$ 0.00                           |
| <b>5. List all payroll deductions:</b>   |   |                                   |
| 5a. Tax, Medicare, and Social Security deductions  | 5a. \$ 473.00                           | \$ 0.00                           |
| 5b. Mandatory contributions for retirement plans   | 5b. \$ 0.00                             | \$ 0.00                           |
| 5c. Voluntary contributions for retirement plans   | 5c. \$ 99.00                            | \$ 0.00                           |
| 5d. Required repayments of retirement fund loans   | 5d. \$ 0.00                             | \$ 0.00                           |
| 5e. Insurance  | 5e. \$ 2.00                             | \$ 0.00                           |
| 5f. Domestic support obligations   | 5f. \$ 0.00                             | \$ 0.00                           |
| 5g. Union dues   | 5g. \$ 0.00                             | \$ 0.00                           |
| 5h. Other deductions. Specify:   | 5h. \$ 0.00                             | \$ 0.00                           |
| <b>6. Add the payroll deductions.</b> Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | 6. \$ 574.00                            | \$ 0.00                           |
| <b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.  | 7. \$ 2,642.00                          | \$ 0.00                           |
| <b>8. List all other income regularly received:</b>  |   |                                   |
| 8a. Net income from rental property and from operating a business, profession, or farm<br>Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  | 8a. \$ 0.00                             | \$ 0.00                           |
| 8b. Interest and dividends   | 8b. \$ 0.00                             | \$ 0.00                           |
| 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive<br>Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  | 8c. \$ 0.00                             | \$ 0.00                           |
| 8d. Unemployment compensation  | 8d. \$ 0.00                             | \$ 0.00                           |
| 8e. Social Security  | 8e. \$ 0.00                             | \$ 0.00                           |
| 8f. Other government assistance that you regularly receive<br>Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.<br>Specify:   | 8f. \$ 0.00                             | \$ 0.00                           |
| 8g. Pension or retirement income   | 8g. \$ 0.00                             | \$ 0.00                           |
| 8h. Other monthly income. Specify:   | 8h. \$ 0.00                             | \$ 0.00                           |
| <b>9. Add all other income.</b> Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9. \$ 0.00                              | \$ 0.00                           |
| <b>10. Calculate monthly income.</b> Add line 7 + line 9.<br>Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  | 10. \$ 2,642.00 + \$ 0.00 = \$ 2,642.00 |                                   |
| <b>11. State all other regular contributions to the expenses that you list in Schedule J.</b><br>Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.<br>Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.<br>Specify: |   |                                   |
|  | 11. +\$ 0.00                            |                                   |
| <b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income.<br>Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities and Related Data</i> , if it applies  | 12. \$ 2,642.00                         | <b>Combined monthly income</b>    |
| <b>13. Do you expect an increase or decrease within the year after you file this form?</b>   |   |                                   |
| <input checked="" type="checkbox"/> No.  |   |                                   |
| <input type="checkbox"/> Yes. Explain:   |   |                                   |

Fill in this information to identify your case:

Debtor 1 KEITH V ISHERWOOD

Debtor 2 BARBARA S ISHERWOOD  
(Spouse, if filing)

United States Bankruptcy Court for the: DISTRICT OF MINNESOTA THIRD DIVISION

Case number \_\_\_\_\_  
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

\_\_\_\_\_  
MM / DD / YYYY

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

1. Is this a joint case?

☐ No. Go to line 2.

☒ Yes. Does Debtor 2 live in a separate household?

☒ No

☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household* of Debtor 2.

2. Do you have dependents? ☐ No

Do not list Debtor 1 and Debtor 2.

☒ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Do not state the dependents names.

Child

1

☐ No

☒ Yes

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No  
☐ Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 900.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 0.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00



Debtor 1 KEITH V ISHERWOOD  
Debtor 2 BARBARA S ISHERWOOD

Case number (if known)

|  |  |          |          |          |    |  |    |          |
|--|--|----------|----------|----------|----|--|----|----------|
| 6. <b>Utilities:</b>   |  |          |          |          |    |  |    |          |
| 6a. Electricity, heat, natural gas   | 6a. \$   | 150.00   |          |          |    |  |    |          |
| 6b. Water, sewer, garbage collection   | 6b. \$   | 0.00     |          |          |    |  |    |          |
| 6c. Telephone, cell phone, Internet, satellite, and cable services   | 6c. \$   | 200.00   |          |          |    |  |    |          |
| 6d. Other. Specify: _____  | 6d. \$   | 0.00     |          |          |    |  |    |          |
| 7. <b>Food and housekeeping supplies</b>   | 7. \$  | 650.00   |          |          |    |  |    |          |
| 8. <b>Childcare and children's education costs</b>   | 8. \$  | 0.00     |          |          |    |  |    |          |
| 9. <b>Clothing, laundry, and dry cleaning</b>  | 9. \$  | 150.00   |          |          |    |  |    |          |
| 10. <b>Personal care products and services</b>   | 10. \$   | 150.00   |          |          |    |  |    |          |
| 11. <b>Medical and dental expenses</b>   | 11. \$   | 5.00     |          |          |    |  |    |          |
| 12. <b>Transportation.</b> Include gas, maintenance, bus or train fare.<br>Do not include car payments.  | 12. \$   | 240.00   |          |          |    |  |    |          |
| 13. <b>Entertainment, clubs, recreation, newspapers, magazines, and books</b>  | 13. \$   | 100.00   |          |          |    |  |    |          |
| 14. <b>Charitable contributions and religious donations</b>  | 14. \$   | 0.00     |          |          |    |  |    |          |
| 15. <b>Insurance.</b><br>Do not include insurance deducted from your pay or included in lines 4 or 20.   |  |          |          |          |    |  |    |          |
| 15a. Life insurance  | 15a. \$  | 0.00     |          |          |    |  |    |          |
| 15b. Health insurance  | 15b. \$  | 0.00     |          |          |    |  |    |          |
| 15c. Vehicle insurance   | 15c. \$  | 300.00   |          |          |    |  |    |          |
| 15d. Other insurance. Specify: _____   | 15d. \$  | 0.00     |          |          |    |  |    |          |
| 16. <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20.<br>Specify: _____  |  |          |          |          |    |  |    |          |
|  | 16. \$   | 0.00     |          |          |    |  |    |          |
| 17. <b>Installment or lease payments:</b>  |  |          |          |          |    |  |    |          |
| 17a. Car payments for Vehicle 1  | 17a. \$  | 389.00   |          |          |    |  |    |          |
| 17b. Car payments for Vehicle 2  | 17b. \$  | 0.00     |          |          |    |  |    |          |
| 17c. Other. Specify: _____   | 17c. \$  | 0.00     |          |          |    |  |    |          |
| 17d. Other. Specify: _____   | 17d. \$  | 0.00     |          |          |    |  |    |          |
| 18. <b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b> |  |          |          |          |    |  |    |          |
|  | 18. \$   | 0.00     |          |          |    |  |    |          |
| 19. <b>Other payments you make to support others who do not live with you.</b>   |  |          |          |          |    |  |    |          |
|  | \$   | 0.00     |          |          |    |  |    |          |
| Specify: _____   |  |          |          |          |    |  |    |          |
| 20. <b>Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>   |  |          |          |          |    |  |    |          |
| 20a. Mortgages on other property   | 20a. \$  | 0.00     |          |          |    |  |    |          |
| 20b. Real estate taxes   | 20b. \$  | 0.00     |          |          |    |  |    |          |
| 20c. Property, homeowner's, or renter's insurance  | 20c. \$  | 0.00     |          |          |    |  |    |          |
| 20d. Maintenance, repair, and upkeep expenses  | 20d. \$  | 0.00     |          |          |    |  |    |          |
| 20e. Homeowner's association or condominium dues   | 20e. \$  | 0.00     |          |          |    |  |    |          |
| 21. <b>Other:</b> Specify: _____   | 21. +\$  | 0.00     |          |          |    |  |    |          |
| 22. <b>Calculate your monthly expenses</b>   |  |          |          |          |    |  |    |          |
| 22a. Add lines 4 through 21.   | <div style="border: 1px solid black; padding: 5px;"> <table border="0"> <tr> <td>\$</td> <td>3,234.00</td> </tr> <tr> <td>\$</td> <td></td> </tr> <tr> <td>\$</td> <td>3,234.00</td> </tr> </table> </div> |          | \$       | 3,234.00 | \$ |  | \$ | 3,234.00 |
| \$   |  |          | 3,234.00 |          |    |  |    |          |
| \$   |  |          |          |          |    |  |    |          |
| \$   | 3,234.00   |          |          |          |    |  |    |          |
| 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2   |  |          |          |          |    |  |    |          |
| 22c. Add line 22a and 22b. The result is your monthly expenses.  |  |          |          |          |    |  |    |          |
| 23. <b>Calculate your monthly net income.</b>  |  |          |          |          |    |  |    |          |
| 23a. Copy line 12 ( <i>your combined monthly income</i> ) from Schedule I.   | 23a. \$  | 2,642.00 |          |          |    |  |    |          |
| 23b. Copy your monthly expenses from line 22c above.   | 23b. -\$   | 3,234.00 |          |          |    |  |    |          |
| 23c. Subtract your monthly expenses from your monthly income.<br>The result is your <i>monthly net income</i> .  |  |          |          |          |    |  |    |          |
|  | 23c. \$  | -592.00  |          |          |    |  |    |          |

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**  
For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

Explain here:

**Fill in this information to identify your case:**

Debtor 1 KEITH V ISHERWOOD  
First Name Middle Name Last Name

Debtor 2 BARBARA S ISHERWOOD  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: DISTRICT OF MINNESOTA THIRD DIVISION

Case number \_\_\_\_\_  
(if known)

☐ Check if this is an amended filing

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**Sign Below**

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person \_\_\_\_\_ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ KEITH V ISHERWOOD  
KEITH V ISHERWOOD  
Signature of Debtor 1

Date January 24, 2019

X /s/ BARBARA S ISHERWOOD  
BARBARA S ISHERWOOD  
Signature of Debtor 2

Date January 24, 2019

Fill in this information to identify your case:

Debtor 1 KEITH V ISHERWOOD  
First Name Middle Name Last Name

Debtor 2 BARBARA S ISHERWOOD  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: DISTRICT OF MINNESOTA THIRD DIVISION

Case number \_\_\_\_\_  
(if known)

☐ Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- ☒ Married  
☐ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- ☐ No  
☒ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:

9360 Marino Circle #307  
Naples, FL 34114

Dates Debtor 1 lived there

From-To:  
January 2017-  
June 1, 2018

Debtor 2 Prior Address:

☒ Same as Debtor 1

Dates Debtor 2 lived there

☒ Same as Debtor 1  
From-To:

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)

- ☒ No  
☐ Yes. Make sure you fill out *Schedule H: Your Creditors* (Official Form 106H).

Part 2 Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☐ No  
☒ Yes. Fill in the details.

Debtor 1

Sources of income  
Check all that apply.

Gross income  
(before deductions and exclusions)

\$1,317.00

- ☒ Wages, commissions, bonuses, tips  
☐ Operating a business

Debtor 2

Sources of income  
Check all that apply.

Gross income  
(before deductions and exclusions)

\$0.00

- ☐ Wages, commissions, bonuses, tips  
☐ Operating a business

From January 1 of current year until the date you filed for bankruptcy:

Debtor 1 KEITH V ISHERWOOD  
Debtor 2 BARBARA S ISHERWOOD

Case number (if known)

|   | Debtor 1   |  | Debtor 2   |  |
|---|--|--|--|--|
|   | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions and exclusions) | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions and exclusions) |
| <b>For last calendar year:<br/>(January 1 to December 31, 2018 )</b>            | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips<br><input type="checkbox"/> Operating a business | \$19,544.00  | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips<br><input type="checkbox"/> Operating a business | \$0.00   |
| <b>For the calendar year before that:<br/>(January 1 to December 31, 2017 )</b> | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips<br><input type="checkbox"/> Operating a business | \$0.00   | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips<br><input type="checkbox"/> Operating a business | \$0.00   |
| <b>For the calendar year:<br/>(January 1 to December 31, 2016 )</b>             | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips<br><input type="checkbox"/> Operating a business | \$0.00   | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips<br><input type="checkbox"/> Operating a business | \$0.00   |

**5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- ☒ No  
☐ Yes. Fill in the details.

| Debtor 1                             |   | Debtor 2                             |  |
|--------------------------------------|---|--------------------------------------|--|
| Sources of income<br>Describe below. | Gross income from each source<br>(before deductions and exclusions) | Sources of income<br>Describe below. | Gross income<br>(before deductions and exclusions) |

**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**

**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- ☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more?

- ☐ No. Go to line 7.  
☐ Yes List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

- ☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- ☐ No. Go to line 7.  
☒ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

| Creditor's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Was this payment for ... |
|-----------------------------|------------------|-------------------|----------------------|--------------------------|
|-----------------------------|------------------|-------------------|----------------------|--------------------------|

Debtor 1 KEITH V ISHERWOOD  
Debtor 2 BARBARA S ISHERWOOD

Case number (if known)

| Creditor's Name and Address | Dates of payment  | Total amount paid | Amount you still owe | Was this payment for ...   |
|-----------------------------|---|-------------------|----------------------|--|
| Landlord                    | Debtors have been making regular monthly rent payments within the past 90 days. | \$2,700.00        | \$0.00               | <input type="checkbox"/> Mortgage<br><input type="checkbox"/> Car<br><input type="checkbox"/> Credit Card<br><input type="checkbox"/> Loan Repayment<br><input type="checkbox"/> Suppliers or vendors<br><input checked="" type="checkbox"/> Other <u>Rent</u> |

7. **Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**  
*Insiders* include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

- ☒ No  
☐ Yes. List all payments to an insider.

| Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment |
|----------------------------|------------------|-------------------|----------------------|-------------------------|
|----------------------------|------------------|-------------------|----------------------|-------------------------|

8. **Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**  
 Include payments on debts guaranteed or cosigned by an insider.

- ☒ No  
☐ Yes. List all payments to an insider

| Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment<br>Include creditor's name |
|----------------------------|------------------|-------------------|----------------------|--|
|----------------------------|------------------|-------------------|----------------------|--|

**Part 4: Identify Legal Actions, Repossessions, and Foreclosures**

9. **Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**  
 List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☒ No  
☐ Yes. Fill in the details.

| Case title<br>Case number | Nature of the case | Court or agency | Status of the case |
|---------------------------|--------------------|-----------------|--------------------|
|---------------------------|--------------------|-----------------|--------------------|

10. **Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**  
 Check all that apply and fill in the details below.

- ☐ No. Go to line 11.  
☒ Yes. Fill in the information below.

| Creditor Name and Address   | Describe the Property<br>Explain what happened  | Date      | Value of the property |
|---|---|-----------|-----------------------|
| SANTANDER CONSUMER USA<br>ATTN: BANKRUPTCY<br>PO BOX 961245<br>FORT WORTH, TX 76161 | 2013 Hyundai Elantra 100,000 miles<br><br><input checked="" type="checkbox"/> Property was repossessed.<br><input type="checkbox"/> Property was foreclosed.<br><input type="checkbox"/> Property was garnished.<br><input type="checkbox"/> Property was attached, seized or levied. | 1/22/2019 | \$5,329.00            |

Debtor 1 KEITH V ISHERWOOD  
Debtor 2 BARBARA S ISHERWOOD

Case number (if known)

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- ☒ No  
☐ Yes. Fill in the details.

| Creditor Name and Address | Describe the action the creditor took | Date action was taken | Amount |
|---------------------------|---------------------------------------|-----------------------|--------|
|---------------------------|---------------------------------------|-----------------------|--------|

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- ☒ No  
☐ Yes

**Part 5: List Certain Gifts and Contributions**

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- ☒ No  
☐ Yes. Fill in the details for each gift.

| Gifts with a total value of more than \$600 per person | Describe the gifts | Dates you gave the gifts | Value |
|--|--------------------|--------------------------|-------|
| Person to Whom You Gave the Gift and Address:          |                    |                          |       |

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

- ☒ No  
☐ Yes. Fill in the details for each gift or contribution.

| Gifts or contributions to charities that total more than \$600       | Describe what you contributed | Dates you contributed | Value |
|--|-------------------------------|-----------------------|-------|
| Charity's Name<br>Address (Number, Street, City, State and ZIP Code) |                               |                       |       |

**Part 6: List Certain Losses**

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

- ☒ No  
☐ Yes. Fill in the details.

| Describe the property you lost and how the loss occurred | Describe any insurance coverage for the loss  | Date of your loss | Value of property lost |
|--|---|-------------------|------------------------|
|  | Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property</i> . |                   |                        |

**Part 7: List Certain Payments or Transfers**

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

- ☐ No  
☒ Yes. Fill in the details.

| Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if Not You | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
|---|---|-----------------------------------|-------------------|
| ALLEN CREDIT & DEBT COUNSELING AGENCY<br>20003 387TH AVE<br>WOLSEY, SD 57384                          | Consumer Credit Counseling                        | 12/5/2018                         | Unknown           |

Debtor 1 KEITH V ISHERWOOD  
Debtor 2 BARBARA S ISHERWOOD

Case number (if known)

| Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if Not You                                     | Description and value of any property transferred  | Date payment or transfer was made | Amount of payment |
|---|--|-----------------------------------|-------------------|
| Hoglund, Chwialkowski & Mrozik P.L.L.C<br>1781 West County Road B<br>PO Box 130938<br>Roseville, MN 55113-4052<br>bestcase@hoglundlaw.com | Filing fee in the amount of \$0.00 and attorney fees in the amount of \$0.00 paid from the debtor's earnings prior to the filing of this case. |                                   | \$0.00            |

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?  
Do not include any payment or transfer that you listed on line 16.

- ☒ No  
☐ Yes. Fill in the details.

| Person Who Was Paid<br>Address | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
|--------------------------------|---|-----------------------------------|-------------------|
|--------------------------------|---|-----------------------------------|-------------------|

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?  
Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

- ☒ No  
☐ Yes. Fill in the details.

| Person Who Received Transfer<br>Address | Description and value of property transferred | Describe any property or payments received or debts paid in exchange | Date transfer was made |
|---|---|--|------------------------|
| Person's relationship to you            |   |  |                        |

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)

- ☒ No  
☐ Yes. Fill in the details.

| Name of trust | Description and value of the property transferred | Date Transfer was made |
|---------------|---|------------------------|
|---------------|---|------------------------|

**Part 8:** List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?  
Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☒ No  
☐ Yes. Fill in the details.

| Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | Last 4 digits of account number | Type of account or instrument | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
|--|---------------------------------|-------------------------------|--|---|
|--|---------------------------------|-------------------------------|--|---|

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- ☒ No  
☐ Yes. Fill in the details.

| Name of Financial Institution<br>Address (Number, Street, City, State and ZIP Code) | Who else had access to it?<br>Address (Number, Street, City, State and ZIP Code) | Describe the contents | Do you still have it? |
|---|--|-----------------------|-----------------------|
|---|--|-----------------------|-----------------------|

Debtor 1 KEITH V ISHERWOOD  
Debtor 2 BARBARA S ISHERWOOD

Case number (if known)

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- ☐ No  
☐ Yes. Fill in the details.

|  |   |                       |                       |
|--|---|-----------------------|-----------------------|
| Name of Storage Facility<br>Address (Number, Street, City, State and ZIP Code) | Who else has or had access to it?<br>Address (Number, Street, City, State and ZIP Code) | Describe the contents | Do you still have it? |
|--|---|-----------------------|-----------------------|

**Part 9: Identify Property You Hold or Control for Someone Else**

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- ☐ No  
☐ Yes. Fill in the details.

|  |  |                       |       |
|--|--|-----------------------|-------|
| Owner's Name<br>Address (Number, Street, City, State and ZIP Code) | Where is the property?<br>(Number, Street, City, State and ZIP Code) | Describe the property | Value |
|--|--|-----------------------|-------|

**Part 10: Give Details About Environmental Information**

For the purpose of Part 10, the following definitions apply:

- ☐ **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- ☐ **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- ☐ **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- ☐ No  
☐ Yes. Fill in the details.

|  |   |                                   |                |
|--|---|-----------------------------------|----------------|
| Name of site<br>Address (Number, Street, City, State and ZIP Code) | Governmental unit<br>Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice |
|--|---|-----------------------------------|----------------|

25. Have you notified any governmental unit of any release of hazardous material?

- ☐ No  
☐ Yes. Fill in the details.

|  |   |                                   |                |
|--|---|-----------------------------------|----------------|
| Name of site<br>Address (Number, Street, City, State and ZIP Code) | Governmental unit<br>Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice |
|--|---|-----------------------------------|----------------|

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☐ No  
☐ Yes. Fill in the details.

|                           |   |                    |                    |
|---------------------------|---|--------------------|--------------------|
| Case Title<br>Case Number | Court or agency<br>Name<br>Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case |
|---------------------------|---|--------------------|--------------------|

**Part 11: Give Details About Your Business or Connections to Any Business**

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  
☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)



Debtor 1 KEITH V ISHERWOOD  
Debtor 2 BARBARA S ISHERWOOD

Case number (if known)

- ☐ A partner in a partnership
- ☐ An officer, director, or managing executive of a corporation
- ☐ An owner of at least 5% of the voting or equity securities of a corporation

☒ No. None of the above applies. Go to Part 12.

☐ Yes. Check all that apply above and fill in the details below for each business.

Business Name

Address

(Number, Street, City, State and ZIP Code)

Describe the nature of the business

Name of accountant or bookkeeper

Employer Identification number

Do not include Social Security number or ITIN.

Dates business existed

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

☒ No

☐ Yes. Fill in the details below.

Name

Address

(Number, Street, City, State and ZIP Code)

Date Issued

Debtor 1 KEITH V ISHERWOOD  
Debtor 2 BARBARA S ISHERWOOD

Case number (if known) \_\_\_\_\_

**Part 12: Sign Below**

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ KEITH V ISHERWOOD

KEITH V ISHERWOOD  
Signature of Debtor 1

/s/ BARBARA S ISHERWOOD

BARBARA S ISHERWOOD  
Signature of Debtor 2

Date January 24, 2019

Date January 24, 2019

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

☒ No

☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of Person \_\_\_\_\_. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

**Fill in this information to identify your case:**

Debtor 1 KEITH V ISHERWOOD  
First Name Middle Name Last Name

Debtor 2 BARBARA S ISHERWOOD  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: DISTRICT OF MINNESOTA THIRD DIVISION

Case number \_\_\_\_\_  
(if known)

☐ Check if this is an amended filing

## Official Form 108 Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- ☒ creditors have claims secured by your property, or
- ☒ you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

**Part 1: List Your Creditors Who Have Secured Claims**

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

| Identify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt?                                | Did you claim the property as exempt on Schedule C? |
|---|--|---|
| Creditor's name: CREDIT ACCEPTANCE                        | <input type="checkbox"/> Surrender the property.   | <input type="checkbox"/> No                         |
|   | <input type="checkbox"/> Retain the property and redeem it.                                    |   |
|   | <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . | <input checked="" type="checkbox"/> Yes             |
| Description of property: 2010 Ford Edge 50,000 miles      | <input checked="" type="checkbox"/> Retain the property and [explain]:                         |   |
| securing debt: FMV: Edmund's Private Party - Clean        | Debtor will continue to make voluntary payments.   |   |

**Part 2: List Your Unexpired Personal Property Leases**

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

| Describe your unexpired personal property leases | Will the lease be assumed?   |
|--|------------------------------|
| Lessor's name:                                   | <input type="checkbox"/> No  |
| Description of leased Property:                  | <input type="checkbox"/> Yes |
| Lessor's name:                                   | <input type="checkbox"/> No  |
| Description of leased Property:                  | <input type="checkbox"/> Yes |

Debtor 1 KEITH V ISHERWOOD  
Debtor 2 BARBARA S ISHERWOOD

Case number (if known) \_\_\_\_\_

Lessor's name: ☐ No  
Description of leased ☐ Yes  
Property:

Lessor's name: ☐ No  
Description of leased ☐ Yes  
Property:

Lessor's name: ☐ No  
Description of leased ☐ Yes  
Property:

Lessor's name: ☐ No  
Description of leased ☐ Yes  
Property:

Lessor's name: ☐ No  
Description of leased ☐ Yes  
Property:

**Part 3: Sign Below**

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

**X** /s/ KEITH V ISHERWOOD  
KEITH V ISHERWOOD  
Signature of Debtor 1

**X** /s/ BARBARA S ISHERWOOD  
BARBARA S ISHERWOOD  
Signature of Debtor 2

Date January 24, 2019

Date January 24, 2019

**United States Bankruptcy Court  
District of Minnesota Third Division**

In re KEITH V ISHERWOOD  
BARBARA S ISHERWOOD

Debtor(s)

Case No. \_\_\_\_\_

Chapter 7

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

|   |    |                 |
|---|----|-----------------|
| For legal Services, I have agreed to accept .....           | \$ | <u>2,435.00</u> |
| Prior to the filing of this statement I have received ..... | \$ | <u>0.00</u>     |
| Balance Due .....   | \$ | <u>2,435.00</u> |

2. The source of the compensation paid to me was:  
☒ Debtor ☐ Other (specify)

3. The source of the compensation to be paid to me is:  
☐ Debtor ☒ Other (specify) The source of all payments by the debtor(s) to the undersigned was from the earnings or other current compensation of the debtor(s). The source of all other payments for the services enumerated in paragraph 2 above will be from the Third Party Guaranty for payment of attorney's fees in connection with this case. A copy of the Third Party Guaranty is attached. IN NO EVENT WILL DEBTOR(S) BE OBLIGATED TO PAY NOR WILL THE UNDERSIGNED ATTEMPT TO COLLECT FROM THE DEBTOR(S) ANY AMOUNT DUE TO THE UNDERSIGNED ON ACCOUNT OF THE SERVICES ENUMERATED IN PARAGRAPH 3 EXCEPT FROM THE THIRD PARTY GUARANTOR.

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people or entities sharing in the compensation, is attached.

5. In return for the above-disclosed fee, together with such further fee, if any, as is provided in the written contract required by 11 U.S.C. §528(a)(1), I have agreed to render legal service for all aspects of the bankruptcy case, including:

A. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;

B. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;

LOCAL FORM 1007-1  
REVISED 06/16

C. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

D. Representation of the debtor in contested bankruptcy matters; and

E. Other services reasonably necessary to represent the debtor(s).

6. Pursuant to Local Rules 1007-1 and 1007-3-1, I have advised the debtor of the requirements in the Statement of Financial Affairs to disclose all payments made, or property transferred, by or on behalf of the debtor to any person, including attorneys, for consultation concerning debt consolidation or reorganization, relief under bankruptcy law, or preparation of a petition in bankruptcy. I have reviewed the debtor's disclosures and they are accurate and complete to the best of my knowledge.

#### CERTIFICATION

I certify that the foregoing, together with the written contract required by 11 U.S.C. §528(a)(1), is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy case.

Dated: December 27, 2018

Signature of Attorney  
/s/ Robert J. Hoglund

Robert J. Hoglund 210997

Fill in this information to identify your case:

Debtor 1 KEITH V ISHERWOOD

Debtor 2 BARBARA S ISHERWOOD  
(Spouse, if filing)

United States Bankruptcy Court for the: District of Minnesota Third Division

Case number \_\_\_\_\_  
(if known)

Check one box only as directed in this form and in Form 122A-1Supp:

- ☒ 1. There is no presumption of abuse
- ☐ 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).
- ☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.
- ☐ Check if this is an amended filing

Official Form 122A - 1

Chapter 7 Statement of Your Current Monthly Income

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

☐ Not married. Fill out Column A, lines 2-11.

☒ Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.

☐ Married and your spouse is NOT filing with you. You and your spouse are:

☐ Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.

☐ Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

|  | Column A<br>Debtor 1 | Column B<br>Debtor 2 or<br>non-filing spouse |
|--|----------------------|--|
| 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).   | \$ 3,215.86          | \$ 0.00                                      |
| 3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.   | \$ 0.00              | \$ 0.00                                      |
| 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3. | \$ 0.00              | \$ 0.00                                      |
| 5. Net income from operating a business, profession, or farm   |                      |  |
|  | Debtor 1             |  |
| Gross receipts (before all deductions)   | \$ 0.00              |  |
| Ordinary and necessary operating expenses  | -\$ 0.00             |  |
| Net monthly income from a business, profession, or farm  | \$ 0.00              | Copy here -> \$ 0.00                         |
| 6. Net income from rental and other real property  |                      |  |
|  | Debtor 1             |  |
| Gross receipts (before all deductions)   | \$ 0.00              |  |
| Ordinary and necessary operating expenses  | -\$ 0.00             |  |
| Net monthly income from rental or other real property  | \$ 0.00              | Copy here -> \$ 0.00                         |
| 7. Interest, dividends, and royalties  | \$ 0.00              | \$ 0.00                                      |

Debtor 1 KEITH V ISHERWOOD  
Debtor 2 BARBARA S ISHERWOOD

Case number (if known)

|  | Column A<br>Debtor 1 | Column B<br>Debtor 2 or<br>non-filing spouse |
|--|----------------------|--|
| 8. <b>Unemployment compensation</b>  | \$ 0.00              | \$ 0.00                                      |
| Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:  |                      |  |
| For you  | \$ 0.00              |  |
| For your spouse  | \$ 0.00              |  |
| 9. <b>Pension or retirement income.</b> Do not include any amount received that was a benefit under the Social Security Act.   | \$ 0.00              | \$ 0.00                                      |
| 10. <b>Income from all other sources not listed above.</b> Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. |                      |  |
|  | \$ 0.00              | \$ 0.00                                      |
|  | \$ 0.00              | \$ 0.00                                      |
| Total amounts from separate pages, if any.   | + \$ 0.00            | \$ 0.00                                      |
| 11. <b>Calculate your total current monthly income.</b> Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.   | \$ 3,215.86          | + \$ 0.00 = \$ 3,215.86                      |
|  |                      | Total current monthly income                 |

**Part 2: Determine Whether the Means Test Applies to You**

12. **Calculate your current monthly income for the year.** Follow these steps:

12a. Copy your total current monthly income from line 11 Copy line 11 here=> \$ 3,215.86

Multiply by 12 (the number of months in a year)

12b. The result is your annual income for this part of the form 12b. \$ 38,590.32

13. **Calculate the median family income that applies to you.** Follow these steps:

Fill in the state in which you live. MN

Fill in the number of people in your household. 3

Fill in the median family income for your state and size of household. 13. \$ 92,063.00

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

14. **How do the lines compare?**

14a. ☒ Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.* Go to Part 3.

14b. ☐ Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.* Go to Part 3 and fill out Form 122A-2.

**Part 3: Sign Below**

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

☒ /s/ KEITH V ISHERWOOD  
KEITH V ISHERWOOD  
Signature of Debtor 1

☒ /s/ BARBARA S ISHERWOOD  
BARBARA S ISHERWOOD  
Signature of Debtor 2

Date January 24, 2019  
MM / DD / YYYY

Date January 24, 2019  
MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.



## Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

**You are an individual filing for bankruptcy,**  
and

**Your debts are primarily consumer debts.**  
*Consumer debts* are defined in 11 U.S.C.  
§ 101(8) as "incurred by an individual  
primarily for a personal, family, or  
household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under  
one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan  
for family farmers or  
fishermen

Chapter 13 - Voluntary repayment plan  
for individuals with regular  
income

**You should have an attorney review your  
decision to file for bankruptcy and the choice of  
chapter.**

### Chapter 7: Liquidation

|       |                        |
|-------|------------------------|
| \$245 | filing fee             |
| \$75  | administrative fee     |
| +     | \$15 trustee surcharge |
| \$335 | total fee              |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form—the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form—sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

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## Chapter 11: Reorganization

---

|   |         |                    |
|---|---------|--------------------|
|   | \$1,167 | filing fee         |
| + | \$550   | administrative fee |
|   | \$1,717 | total fee          |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

#### Chapter 12: Repayment plan for family farmers or fishermen

|   |       |                    |
|---|-------|--------------------|
|   | \$200 | filing fee         |
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

#### Chapter 13: Repayment plan for individuals with regular income

|   |       |                    |
|---|-------|--------------------|
|   | \$235 | filing fee         |
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### **Warning: File Your Forms on Time**

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:  
[http://www.uscourts.gov/bkforms/bankruptcy\\_forms.html#procedure](http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure).

### **Bankruptcy crimes have serious consequences**

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### **Make sure the court has your mailing address**

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### **Understand which services you could receive from credit counseling agencies**

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:  
[http://justice.gov/ust/eo/hapcpa/ccde/cc\\_approved.html](http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html)

In Alabama and North Carolina, go to:  
<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

**United States Bankruptcy Court  
District of Minnesota Third Division**

In re KEITH V ISHERWOOD Case No. \_\_\_\_\_  
BARBARA S ISHERWOOD Debtor(s) Chapter 7

**VERIFICATION OF CREDITOR MATRIX**

The above-named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date: January 24, 2019 /s/ KEITH V ISHERWOOD  
KEITH V ISHERWOOD  
Signature of Debtor

Date: January 24, 2019 /s/ BARBARA S ISHERWOOD  
BARBARA S ISHERWOOD  
Signature of Debtor

ACCOUNT RESOLUTION SERVICES  
ATTN: BANKRUPTCY  
PO BOX 459079  
SUNRISE FL 33345

ACCOUNT RESOLUTION SERVICES  
P.O. BOX 630806  
CINCINNATI OH 45263-0806

ARIS RADIOLOGY  
ATTN: BANKRUPTCY  
5655 HUDSON DR  
HUDSON OH 44236

ARIS RADIOLOGY  
ATTN: BANKRUPTCY  
5655 HUDSON DR  
STE 210  
HUDSON OH 44236

BCA FINANCIAL SERVICES  
18001 OLD CUTLER ROAD  
SUITE 462  
MIAMI FL 33157

CAITLIN WINKER  
PO BOX 85  
BROWERVILLE MN 56438

COLLIER EMER GROUP LLC  
ATTN: BANKRUPTCY  
8300 COLLIER BLVD  
NAPLES FL 34114

COMMONWEALTH FINANCIAL SYSTEMS  
245 MAIN ST  
SCRANTON PA 18519

CONVERGENT HEALTHCARE RECOVERY, INC.  
121 NE JEFFERSON ST  
STE 100  
PEORIA IL 61602

CREDIT ACCEPTANCE  
25505 WEST 12 MILE RD  
SUITE 3000  
SOUTHFIELD MI 48034

CREDIT MANAGEMENT CONTROL  
ATTN: BANKRUPTCY  
PO BOX 1654  
GREEN BAY WI 54305

CRUNCH FITNESS NAPLES FL  
6013 PINE RIDGE RD  
NAPLES FL 34119

DEBT RECOVERY SOLUTION  
ATTN: BANKRUPTCY  
PO BOX 9003  
SYOSSET NY 11791

DEPT OF ED / 582 / NELNET  
ATTN: CLAIMS  
PO BOX 82505  
LINCOLN NE 68501

DEPT OF ED / NAVIENT  
ATTN: CLAIMS DEPT  
PO BOX 9635  
WILKES BARR PA 18773

DISCOVER FINANCIAL  
PO BOX 3025  
NEW ALBANY OH 43054

ERC/ENHANCED RECOVERY CORP  
PO BOX 57547  
JACKSONVILLE FL 32241

FINANCIAL CONTROL SERVICES  
ATTN: BANKRUPTCY  
PO BOX 21626  
WACO TX 76702

FINANCIAL CONTROL SERVICES  
200 N NEW RD  
WACO TX 76710

FIRST CREDIT SERVICES  
377 HOES LN STE 200  
PISCATAWAY NJ 08854

GULF TO BAY ANESTH ASSOC  
ATTN: BANKRUPTCY  
1 TAMPA GENERAL CIR  
TAMPA FL 33606

HAMPTON PINES EMERG PHYS LLC  
ATTN: BANKRUPTCY  
P.O. BOX 37865  
PHILADELPHIA PA 19101-0165

HARBOR BLVD EMERGENCY PHYS  
ATTN: BANKRUPTCY  
21298 OLEAN BLVD  
PORT CHARLOTTE FL 33952-6705

IC SYSTEMS INC  
444 HWY 96 E  
PO BOX 64378  
SAINT PAUL MN 55164-0378



JAYSON ORESCHNICK  
9376 AUTUMN HAZE DR  
NAPLES FL 34109

KINUM  
ATTN: BANKRUPTCY DEPT  
800 SEAHAWK CIRCLE #124  
VIRGINIA BEACH VA 23452

MEDICAL DATA SYSTEMS INC  
2001 9TH AVE  
STE 312  
VERO BEACH FL 32960

MIDWEST RECOVERY SYSTEMS  
PO BOX 899  
FLORISSANT MO 63032

NAPLES COMM HOSP  
ATTN: BANKRUPTCY  
350 7TH ST N  
NAPLES FL 34102

NAPLES COMMUNITY HOSPITAL  
ATTN: BANKRUPTCY  
350 7TH ST N  
NAPLES FL 34102

NAPLES HMA LLC  
9500 EUCLID AVE  
CLEVELAND OH 44195

NAPLES RADIOLOGISTS  
ATTN: BANKRUPTCY  
1441 RIDGE ST  
NAPLES FL 34103

NATIONWIDE RECOVERY  
501 SHELLEY DR STE 300  
TYLER TX 75701

NORTH COLLIER HOSP  
ATTN: BANKRUPTCY  
11190 HEALTH PARK BLVD  
NAPLES FL 34110

NORTH COLLIER HOSPITAL  
ATTN: BANKRUPTCY  
11190 HEALTH PARK BLVD  
NAPLES FL 34110

NORTH NAPLES HOSP  
11190 HEALTH PARK BLVD  
NAPLES FL 34110

PALMETTO EMERGENCY PHYSICIANS  
ATTN: BANKRUPTCY  
809 E MARION AVE  
PUNTA GORDA FL 33950

PHOENIX FINANCIAL SERVICES  
PO BOX 361450  
INDIANAPOLIS IN 46236

PHYSICIANS REGIONAL MED  
ATTN: BANKRUPTCY DEPT  
8300 COLLIER BLVD  
NAPLES FL 34114

PROFESSIONAL ADJUSTMENT CORP  
14410 METROPOLIS AVE  
FORT MYERS FL 33912

PROGRESSIVE INSURANCE  
PO BOX 6807  
CLEVELAND OH 44101-6807

PUBLIC STORAGE  
PO BOX 25050  
GLENDALE CA 91221-5050

PUFFIN EMERG PHY LLC  
ATTN: BANKRUPTCY  
6101 PINE RIDGE RD  
NAPLES FL 34119

PUFFIN EMERG PHY LLC  
6101 PINE RIDGE RD  
NAPLES FL 34119

SANTANDER CONSUMER USA  
ATTN: BANKRUPTCY  
PO BOX 961245  
FORT WORTH TX 76161

SHAFRITZ & ASSOCIATES, P.A.  
601 N CONGRESS AVE  
STE 424  
DELRAY BEACH FL 33445-4640

SMH EMERGENCY CARE CENTER  
ATTN: BANKRUPTCY  
1700 S  
SARASOTA FL 34239

SOUTHWEST EMERGENCY MANAGEMENT  
ATTN: BANKRUPTCY  
P.O. BOX 634633  
CINCINNATI OH 45263

SOUTHWEST EMERGENCY MANAGEMENT  
P.O. BOX 630806  
CINCINNATI OH 45263-0806

SOUTHWEST FL EMERGENCY MANAGEMENT  
ATTN: BANKRUPTCY  
P.O. BOX 634633  
CINCINNATI OH 45263

SOUTHWEST FL EMERGENCY MANAGT  
ATTN: BANKRUPTCY  
P.O. BOX 634633  
CINCINNATI OH 45263

SOUTHWEST FL EMERGENCY MANGT  
ATTN: BANKRUPTCY  
P.O. BOX 634633  
CINCINNATI OH 45263

SOUTHWEST FL EMERGENCY MANGT  
ATTN: BANKRUPTCY  
PO BOX 634633  
CINCINNATI OH 45263

SOUTHWEST FL EMERGENCY PHY  
ATTN: BANKRUPTCY  
P.O. BOX 634633  
CINCINNATI OH 45263

SPRINT  
KSOPHT0101-Z4300  
6391 SPRINT PARKWAY  
OVERLAND PARK KS 66251-4300

STATE COLLECTION SERVICE INC  
2509 S STOUGHTON RD STE 100  
MADISON WI 53716

SUSAN M. JOHNSON  
3300 144TH W ST  
ROSEMOUNT MN 55068

SW FL EMERGENCY MANAGEMENT  
ATTN: BANKRUPTCY  
P.O. BOX 634633  
CINCINNATI OH 45263

SW FL EMERGENCY MANAGT  
ATTN: BANKRUPTCY  
PO BOX 634633  
CINCINNATI OH 45263